

REC'D APR 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9794
 Do not use this space

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 3629 Summit St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Etta Mae Howe 000
 (a) Residence, No. 3629 Summit St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Turner E. Howe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 26, 1869</u>		
7. AGE <u>68</u>	YEARS <u>3</u>	MONTHS <u>24</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as saw mill, bank, etc. <u>At Home</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wis.</u>		
13. NAME <u>John H. Lowell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wis.</u>		
15. MAIDEN NAME <u>Emieline Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Mrs. J.F. Gorham</u> <u>3629 Summit, K.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lincoln, Neb.</u> DATE <u>Mar. 21, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>R. V. Lindsey & Sons</u> <u>K.C. Mo.</u>		
20. FILED <u>March 21, 1938 M. M. Browne</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1938, to March 20 1938
 I last saw him alive on March 19 1938. Death is said to have occurred on the date stated above, at 6:00 AM.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Date of onset 2/13/38

Other contributory causes of importance:

Name of operation None Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) E. J. E. Brown M. D.
 (Address) 1411 Waldheim Bldg.

Permit

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....
Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)