

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

Do not use this space.

REC'D OCT 18 1938

1. PLACE OF DEATH

County BUCHANAN Registration District No. 85
 Township WASHINGTON Primary Registration District No. 1001
 City ST. JOSEPH, (No. HARTSOCK HOSPITAL) St. Ward

File No. 31712
 Registered No. 917

2. FULL NAME INFANT HOWARD

(a) Residence, No. 717 NORTH 10TH ST. St. 630 Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) INFANT
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 31, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ST. JOSEPH, 0
 (STATE OR COUNTRY) MISSOURI 1

13. NAME Edward L. G. HOWARD,

14. BIRTHPLACE (CITY OR TOWN) LOUISVILLE, 1
 (STATE OR COUNTRY) KENTUCKY,

15. MAIDEN NAME FRANCES MOSS

16. BIRTHPLACE (CITY OR TOWN) LOUISVILLE,
 (STATE OR COUNTRY) KENTUCKY,

17. INFORMANT E. G. HOWARD
 (ADDRESS) 717 N. 10TH ST., ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. AUBURN, DATE SEPT. 3, 1938,

19. UNDERTAKER FLEEMAN & SON INC.
 (ADDRESS) 1946 COLHOUN ST., ST. JOSEPH, MO.

20. FILED Sept 3 38 A. J. Hartsock
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 2, 1938, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1938, to Sept 2, 1938
 I last saw h. i. alive on Sept 2, 1938. Death is said to have occurred on the date stated above, at 2:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
 Other contributory causes of importance:
160 lb weight

Name of operation Autopsy Date of 10
 What test confirmed diagnosis? Autopsy Was there an autopsy? 10

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? 10
 If so, specify
 (Signed) W. E. Hartsock
 (Address) St. Joseph, Mo

Every year or minor should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by MYSELF.

or by _____, Registered Apprentice No. _____

(Signed) John E. Rupp
Licensed Embalmer No. 3986

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