

RECD FEB 20 1939

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

1005
Do not use this space.

PLACE OF DEATH

(a) County Jackson Registration District No. _____
 (b) Township Kaw Primary Registration District No. _____ Registered No. 18
 (c) City Kansas City (d) Street No. St. Mary's Hospital 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

(a) Residence, No. 912 Charlotte 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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>---</u>						
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)						
7. AGE		YEARS <u>70</u>	MONTHS <u>7</u>	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Marker</u>					
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Jackson Laundry</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>Kansas</u> <u>1</u>						
FATHER	13. NAME <u>Andrew Howard</u> <u>4</u>					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u> <u>5</u>					
MOTHER	15. MAIDEN NAME <u>Mary Walsh</u>					
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>					
17. INFORMANT <u>Mrs. Bondurant</u> (ADDRESS) <u>4914 Perso</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gardner, Ks.</u> DATE <u>Jan. 4, 1939</u>						
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>QUIRK & TOBIN CO.</u> <u>Kansas City, Mo.</u>						
20. FILED <u>Jan 3 1939</u> <u>M. H. Brown</u> <u>Local Registrar</u>						
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan. 2</u> 19 <u>39</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 26</u> 19 <u>38</u> , to <u>Jan 2</u> 19 <u>39</u> I last saw her alive on <u>Jan 11</u> 19 <u>39</u> . Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: <u>Lobar Pneumonia</u> <u>Type 7</u> <u>108</u>	
Other contributory causes of importance:					Date of onset	
Name of operation..... <u>Clinical</u> Date of.....					Was there an autopsy? <u>yes</u>	
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? <u>no</u> If so, specify <u>Lamb Snider</u> (Signed) <u>221 Plam Wood Bldg</u> M. D. (Address) <u>RA Mo.</u>						

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.

IN ANSWERS TO ALL SPACES
KED IN RED PENCIL.

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

1005-
Do not use this space.

OF DEATH

County Jackson Registration District No. 399
(b) Township X.C. Primary Registration District No. 1002 Registered No. 18
(c) City X.C. (d) Street No. _____ 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 Miss Anna Howard
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16, 1868</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>7</u>
	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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.	
	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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE		
19. FUNERAL DIRECTOR (ADDRESS)		
20. FILED <u>1/3 39</u> <u>Dr. M. Brown</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1939

22. I HEREBY CERTIFY, That I attended deceased from 19____ to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

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

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? _____
If so, specify _____ (Signed) Louis H. Smiler, M. D.
(Address) 121 Plaza med ally

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED B.

