

REC'D MAR. 9 1939

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

5390
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Raw Primary Registration District No. 1902 Registered No. 589

(c) City W.C. Mo. (d) Street No. General Hospital # 2 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 John Howard

(a) Residence, No. 2123 Street 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. A. Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-27-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

33	11	14	
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

FATHER

13. NAME Deceased unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Deceased unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Record Clerk General Hospital # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Hilledale DATE Mar 2 - 12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Weyerwiler Taylor & Sons

20. FILED 7 12 39 M. Brown Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1938, to 2-10, 1939

I last saw him alive on 2-10, 1939 Death is said to have occurred on the date stated above, at 3:35 a.m.

The principal cause of death and related causes of importance were as follows:

Suetic
Heart Disease
Cardiac Failure

Date of onset 34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? 1
If so, specify _____ (Signed) J. C. Turner, M. D.
_____ (Address) General Hospital # 2

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 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.