

REC'D JUL 10 1939

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

21162
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2430
(c) City K.C. Mo. (d) Street No. 4241 Brooklyn Avenue, K.C. Mo. 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

Justin Mark Howard
(a) Residence, No. 4241 Brooklyn Avenue, K.C. Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 10 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painting
9. Industry or business in which work was done, as saw mill, bank, etc. Decorator
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) Illinois

FATHER 13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN): (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN): (STATE OR COUNTRY) No Record

17. INFORMANT Mrs. Emma Howard,
(ADDRESS) 4241 Brooklyn Avenue, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Presbyterian DATE June 15th, 39

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster
(ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED June 14, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 - 1939

22. I HEREBY CERTIFY That I attended deceased from May 29, 1939, to June 13, 1939

I last saw him alive on June 11, 1939. Death is said

to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 6/13/39

94 B

Other contributory causes of importance:

Pericarditis 3 wks

Name of operation clinical 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 Yes

(Signed) Ray U. Adams M. D.

(Address) 745 Brookside Theatre Bldg
6215 Brookside Plaza

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information 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.

JUL 10 1939 I X18605

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 *Theron A. Redmon*

Licensed Embalmer No. *2737*

P. O. Address *A. C. 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.)

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