

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38422
Registrar's No. 4186

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON **DEC 11 1939**
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3500 WINDSOR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 1/2 yrs (Specify whether years, months or days)

8. (a) PRINT FULL NAME MR. WILLIAM FRED HOWARD

8. (b) If veteran, name war 7a 3. (c) Social Security No. 7a

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Oliver B Howard 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb 14 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation AUTOMOBILE DEALER

11. Industry or business HOWARD CHEVROLET CO.

12. Name John F. HOWARD

13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Mary Couch

15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Oliver Howard

(b) Address 3500 Windsor

17. (a) Remove (b) Date thereof 11-1-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Lawrence Kan.

18. (a) Signature of funeral director D. N. Newcomer Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) Nov 1, 1939 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3500 WINDSOR
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 30 TH
year 1939 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from Oct 20th, 1939, to Oct 30, 1939; that I last saw him alive on Oct 30th, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of the Heart

Due to 95B4

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

36) While at work? None (Specify type of place) (e) Means of injury None

23. Signature Eugene Farber (M.D. or other)

Address Bayland Bldg Date signed 001 31 1939

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 I 419511

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.

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Embalmers

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 George M. Collier
Licensed Embalmer No. 3839
P. O. Address K.C. Mo.

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.