

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **38763**  
Registrar's No. **4527**Registration District No. **399**Primary Registration District No. **1002**

## 1. PLACE OF DEATH:

(a) County **Jackson,**  
 (b) City or town **Kansas City, Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**2415 Waldron,**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **X**  
 (Specify whether  
 In this community **Unknown,**  
 years, months or days)

8. (a) PRINT FULL NAME **Mrs. Lenora Elizabeth Howden**3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed,**6. (b) Name of husband or wife **A. F. Howden,** 6. (c) Age of husband or wife if alive **X** years7. Birth date of deceased **May 3, 1854,**  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
**85** **6** **24** hr. min.9. Birthplace **Indiana,**  
(City, town, or county) (State or foreign country)10. Usual occupation **at home,**11. Industry or business **X**12. Name **Capt. Perry A. Wright,**  
13. Birthplace **Indiana,**  
(City, town, or county) (State or foreign country)14. Maiden name **Sarah Swinford,**  
15. Birthplace **Indiana,**  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Dr. C. F. Terhune,**  
(b) Address **3239 St. John, Kansas City, Mo.**17. (a) **Burial,** (b) Date thereof **11-29-39**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Skidmore, Mo.**18. (a) Signature of funeral director **Stine & McClure,**  
(b) Address **3235 Gillham Plaza, K. C., Mo.**19. (a) **Nov 28 1939** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Jackson,**  
 (c) City or town **Kansas City, Mo.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2415 Waldron**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **27th,**  
year **1939,** hour **3:50** minute **A.** M.21. I hereby certify that I attended the deceased from  
**Nov-16**, 19**39**, to **Nov 27**, 19**39**  
that I last saw him alive on **Nov 16**, 19**39**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Cancer Liver  
and Stomach**Due to **Primary seat unknown**  
Due toOther conditions **4/0**  
(Include pregnancy within 3 months of death)Major findings: **None**  
Of operationsOf 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) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work (Specify type of place) (e) Means of injury

23. Signature **Calvin A. Beardon** (M. D. or other)  
Address **3007 Bryant Blvd** Date signed \_\_\_\_\_

Dr. C. A. Beard,

11 to 4-30

By *Robert R. C. [unclear]*

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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

*J. B. Waters*

Licensed Embalmer No. *3992*

P. O. Address *R 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.**