

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

1754  
Do not use this space

**1. PLACE OF DEATH**  
 (a) County Buchanan Registration District No. 85  
 (b) Township \_\_\_\_\_ Primary Registration District No. 100 Registered No. 91  
 (c) City St. Joseph (d) Street No. Missouri Methodist 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** Daniel Howard  
 (a) Residence, No. 1608 Holman 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 <b>Male</b>	4. COLOR OR RACE <b>Colored</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Unknown</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>7-7-1860</b>		
7. AGE <b>80</b>	YEARS <b>?</b>	MONTHS <b>?</b>
		DAYS <b>?</b>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Common Laborer</b>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>	
	13. NAME <b>Unknown</b>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>	
	15. MAIDEN NAME <b>Unknown</b>	
		16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>
17. INFORMANT (ADDRESS) <u>MO. METHO. St. Joseph Hospital Records St. Joseph, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>2-9-1940</u> 19		
19. FUNERAL DIRECTOR (ADDRESS) <u>Graves Funeral Home 806 South 17th, Street</u>		
20. FILED <u>Feb 7 40</u> <u>W. S. Littlebush</u> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-26-'40** 19

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1940, to 1-26, 1940  
 I last saw him alive on 1-26, 1940. Death is said to have occurred on the date stated above, at 11:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary sclerosis  
General arteriosclerosis  
Arteriosclerosis  
Myocardial insufficiency, congestive  
Heart disease, arteriosclerosis

Other contributory causes of importance:  
None

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence, fall 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. S. Littlebush, M. D.  
 (Address) St. Joseph, Mo.

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

FILED FEB 19 1940

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.

1 X12004

STATEMENT BY LICENSED EMBALMER.

I, A. T. Moore, Licensed Embalmer No. 948

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. 948 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

A. T. Moore

Licensed Embalmer No. 948

**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.)**