

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27172
Registrar's No. 3105

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3515 Chestnut Avenue 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 57 Years
years, months or days

3. (a) PRINT FULL NAME Mr. Charles W. Howell 400
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Alice P. Howell 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased December 22 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 10 hr. min.

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

10. Usual occupation Interior Decorator

11. Industry or business Timmons Wallpaper & Paint

MOTHER FATHER
12. Name Louis Howell
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Janna Andrews
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Harold R. Howell
(b) Address 5130 Cunningham Rd. Meriam, Mo.

17. (a) Burial (b) Date thereof August 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or crematory Walden Memorial Park Cemetery

18. (a) Signature of funeral director D. W. Newsom's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Aug. 3, 1940 (b) M. M. Rome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) 0 Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3515 Chestnut Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 18th
year 1940 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; that I last saw him alive on _____, 19____; and that he died on the date and hour stated above.
Immediate cause of death _____ Duration _____

Acute pulmonary edema
Chronic diffuse myocardial fibrosis
Coronary atherosclerosis

Other conditions (Include pregnancy within 3 months of death) Co.
Major findings: 92C
Of operations _____
Of autopsy _____
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 place of place) _____ (Means of injury) _____
23. Signature Arthur M. Miller (M. D. or other) _____
Address K. O. Mo. Date signed _____

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

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.