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21492

Registration District No. 152

Primary Registration District No. 5216

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Cass

2. USUAL RESIDENCE OF DECEASED:

(a) County Cass  
(b) City or town Rural - Camp Branch  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1/2 miles N.E. of Daugherty Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 years \_\_\_\_\_ (Specify whether)  
years, months or days) \_\_\_\_\_

(a) State Mo (b) County Cass  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1/2 miles N.E. of Daugherty Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Alexander Howard

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month December day 9<sup>th</sup>  
year 1946 hour 9 minute 30 P.M.

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Single

21. I hereby certify that I attended the deceased from Nov 7 1946 to Dec 9 1946 that I last saw him alive on Nov 7 1946 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death: Organic Heart disease  
Chronic nephritis

7. Birth date of deceased: April 16 - 1886  
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to 121  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace: Boone County Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business \_\_\_\_\_

12. Name: Harper Howard

13. Birthplace: Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name: Virginia Weaver

15. Birthplace: Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Sallie Smith  
(b) Address: Harrisonville Mo.

17. (a) Burial (b) Date thereof: Dec 16 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oakland Cem.  
18. (a) Signature of funeral director: Atkinson Bros  
(b) Address: Harrisonville Mo.  
19. (a) 12-11-40 (b) Mrs. E. L. Stonestreet  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 145  
While at work? \_\_\_\_\_ (Specify type of place) (e) Mechanism of injury \_\_\_\_\_

23. Signature: Harper (M. D. or other) \_\_\_\_\_  
Address: Harrisonville Mo Date signed: Dec 10

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisville 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.**