

No. 2
4-13-40
5-17-39
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FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1320

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 280

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether
In this community 2 Years
years, months or days)

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. 3927 Cleveland Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 17th
year 1941 hour 8 minute 30 P. A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if
----- alive ----- years
7. Birth date of deceased November 21 1938
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-10-41
-----, 19----- to 1-17-41, 19-----;
that I last saw him alive on 1-17-41, 19-----;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
2 1 26 hr. min.

Immediate cause of death
Generalized Milium Tuberculosis
Due to 2. No
Due to -----
Other conditions
(Include pregnancy within 3 months of death)

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

10. Usual occupation Infant

11. Industry or business -----

MOTHER FATHER
12. Name Frank Howell
13. Birthplace Ratherum Idaho
(City, town, or county) (State or foreign country)
14. Maiden name Winifred Hamilton
15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations -----
Of autopsy -----
Underline the cause to which death should be charged statistically.

16. (a) informant Miss S. W. Goodson
(b) Address 3937 Cleveland Avenue
17. (a) Burial (b) Date thereof Jan. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Greenlawn Cemetery
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Jan. 20, 1941 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

(Specify type of place)
While at work ----- (e) Means of injury -----
23. Signature Russell W. Jones (M. D. or other)
Address ----- 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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. e 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, fact should be so stated above.