No. 2
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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. 1392

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 352

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

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: The Children's Mercy Hospital
(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 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 21
(c) City or town Salisbury 3
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Peggy Francis Howard
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Female 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 1 (Month) 4 (Day) 41 (Year)

8. AGE: Years	Months	Days	If less than one day
—	—	20	— hr. — min.

9. Birthplace Salisbury (City, town, or county) Mo (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Cletus Howard
13. Birthplace Salisbury (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Dorothy F Shoemaker
15. Birthplace Salisbury (City, town, or county) Mo (State or foreign country)
16. (a) Informant Cletus Howard
(b) Address Salisbury
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Haytesville, Mo
18. (a) Signature of funeral director Wirkelmayer
(b) Address Salisbury Mo
19. (a) Jan 24 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24th year 1941 hour 12 minute 10 a.m.
21. I hereby certify that I attended the deceased from 1-21-41, 19..., to 1-24-41, 19...; that I last saw him alive on 1-22, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Umbilical hernia Peritonitis	
Due to 12:20 a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. Wallace Greene (M. D. or other) M.D.
Address Professional Bldg., Kansas City Mo Date signed 1-24-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.