

FILLED

JUN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17343

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2005

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:
3117 Cash 10th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community _____ 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. 3117 Cash 10th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary E Howard

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

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

6. (b) Name of husband H. A. Howard 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan 27 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Casper, county, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant H. A. Howard

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 5-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peninsula Ave

18. (a) Signature of funeral director Ray - Painter

(b) Address Pilot House, Mo.

19. (a) May 22 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1941 hour 11 pm minute 10 M.

21. I hereby certify that I attended the deceased from May 14th
1941 to May 22nd 1941

that I last saw her alive on May 22nd
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy (cerebral thrombosis)

Due to arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. N. Gillum (M. D. or other) MD

Address 123 - N. Gladstone Date signed 5/22/41

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

Ben 0280

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.....

Ray E. Snow

Licensed Embalmer No. *25-60*

P. O. Address. *1807 East 29th*

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.