

No. 2
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17-39
X23159

JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20744

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2274

1. PLACE OF DEATH: Jackson
 (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:
3228 Lockridge Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 36 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. 3228 Lockridge Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Della Gilliam HOWELL

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 12th
 year 1941 hour 4:00 minute P. M.

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

21. I hereby certify that I attended the deceased from June, 1941, to June, 1941; that I last saw or alive on April, 1941; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife D. C. Howell 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 2 7th, 1871
 (Month) (Day) (Year)

Immediate cause of death Myocardial failure Duration _____

8. AGE: Years 70 Months 4 Days 15 If less than one day
 hr. _____ min. _____

Due to Coronary Arteriosclerosis + Hypertension
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 942

10. Usual occupation At Home

Major findings: Of operations None Of autopsy None

11. Industry or business _____

12. Name William Gilliam

13. Birthplace Saline Co., Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Moreman

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

16. (a) Informant Miss Letah Henderson, Dau.,

(b) Address 3228 Lockridge Avenue KCMO

17. (a) Removal (b) Date thereof 6/15/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockport, Missouri

18. (a) Signature of funeral director Melody - McGilley

(b) Address 6/14/41 K. C. Mo.

19. (a) 6/14/41 (b) M. M. Corowe
 (Date received local registrar) (Registrar's signature)

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 type of place) (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address Angela Redg. Date signed 6/14/41

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

5-18
308

048
38

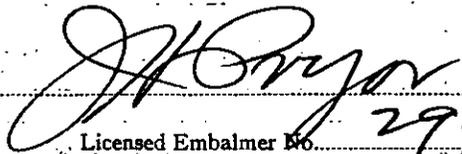
STATEMENT BY LICENSED EMBALMER

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. 267

working under my personal supervision.

Signed.....


.....
Licensed Embalmer No. 2999

P. O. Address.....

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.