

3. No. 2
4-13-40
5-17-39
P1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2337
Registrar's No. 2337

Registration District No. 399

Primary Registration District No. 1002

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:
Nora Clark Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Months
60 Yrs.
In this community 60 Yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Gerry Howard
3. (b) If veteran, name war No.
3. (c) Social Security No. No.

4. Sex Male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXXXXX
6. (c) Age of husband or wife if alive 1872 years
7. Birth date of deceased Sept. 15 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 2
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business
12. Name Andrew A. Howard
13. Birthplace Unknown N. Y.
(City, town, or county) (State or foreign country)
14. Maiden name Polly Ann Wrinkle
15. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Howard
(b) Address 2828 Euclid

17. (a) Burial (b) Date thereof June 19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C. Mo.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2828 Euclid
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1941 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from October 1940 to June 17 1941
that I last saw him alive on June 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

Due to Artero-sclerosis

Due to 93 D

Other conditions 93 H
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 James J. Flynn (M. D. or other) MD.
Address 2204 A 28th St Date signed 6/18/41

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

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3103 Brookley

Dr. DeLynn

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.....

Chas Wells

Licensed Embalmer No.

2644

P. O. Address.....

1800 Firwood

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.