

FILED SEP 12 1941

State File No.

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 3004

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:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-8-41-7-29-41
(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. -626 Troost
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year 1941 hour 9 minute 50 p.m.
21. I hereby certify that I attended the deceased from
7-8-41 19... to 7-29-41 19...
that I last saw him alive on 7-29-41 19...
and that death occurred on the date and hour stated above.
Immediate cause of death Prematurity Duration _____

3. (a) PRINT FULL NAME INFANT HOWARD

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced ---

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased July 8 1941
(Month) (Day) (Year)

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

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 William Alfred Howard
13. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Hazel Carter
15. Birthplace Paris, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 8-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leeds

18. (a) Signature of funeral director Heat Application

(b) Address 87 87 41

19. (a) (Date received local registrar) (b) M. M. Browne
(Registrar's signature)

Due to _____
Due to _____
Other conditions _____
(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?

(Specify type of place) _____
While at work? _____ Means of injury _____
23. Signature J. C. ... (M.D. or other) _____
Address Leeds, Mo. #2 Date signed 8/4/41

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

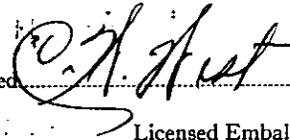
19
8
2

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. 2710

P. O. Address K. C. 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.