

No. 2
4-13-40
-17-39
X23150

37329

State File No.

4123

DEC 22 1941 399
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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: K.C. Convalescent Home-3200 Norledge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 50 Years

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. 3231 Tracy Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Clara C. Howe

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Walter M. Howe

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 26 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Grinnell Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Hugh H. Ditzler

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

14. Maiden name Julia Killen

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

16. (a) Informant W. F. Howe

(b) Address 24 W. Dartmouth K.C. Mo

17. (a) Burial Plackelman Cemetery (b) Date thereof Nov. 7, 1941
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Caplings Mill, Cedar Co., Mo.

18. (a) Signature of funeral directors W. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-6-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 year 1941 hour 7 minute 10 a. M.

21. I hereby certify that I attended the deceased from Oct 10 1941 to Nov 5 1941
that I last saw him alive on Nov 4 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Atherosclerosis

Other conditions g. s. o.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 J. Mariani (M. D. or other) _____

Address 3200 Norledge Date signed 11-2-41

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

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3965

P. O. Address City, 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.