

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: St. Josephs Linwood Park Prospect
(d) Length of stay: In hospital or institution 32 hrs
In this community 32 hrs years, months or days

3. (a) PRINT FULLNAME Infant Howard (girl)

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife Walter L Howard 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased: 1 (Month) 12 (Day) 42 (Year)

8. AGE: Years 32 hrs Months - Days 1-shw If less than one day hr. min.

9. Birthplace St. Josephs Hospital Kansas City, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Walter L. Howard

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

14. Maiden name Mary Harper

15. Birthplace Kenners Prairie, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Walter L. Howard (b) Address 505 S W Blvd

17. (a) Burial (b) Date thereof 1-12-42 (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cem, Cameron, Mo.

18. (a) Signature of funeral director O. A. Moore (b) Address Cameron, Mo.

19. (a) 1-13-42 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (To have been)

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(d) Street No. 505 South West Blvd
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 12 year 42 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1-10, 1942, to 1-12, 1942; that I last saw h.w. alive on 1-12-42 5:58 AM, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death cardiac dilatation

Due to partial atherosclerosis both lung - cerebral hemorrhage

Due to Pre maturity

Other conditions _____
Major findings: _____
Of operations _____
Of autopsy as above

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
23. Signature D. J. Vandell (M. D. or other) _____
Address 1103 Grand Date signed 1-14-42

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

MOTHER FATHER

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.....

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.