

STANDARD CERTIFICATE OF DEATH

Registration District No. 396

Primary Registration District No. 5551A

Registrar's No. 5551

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Grain Valley
(c) Name of hospital or institution: Rt. #1 Grain Valley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
(Specify whether years, months or days)
In this community 4 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Jackson
(b) City or town Grain Valley, Mo.
(If outside city or town limits, write "RURAL")
(c) Street No. Rt. 1.
(If rural, give location)
(d) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Austin A. Howard

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

4. Sex M 5. Color or race wh 6. (a) Single (widowed) married, divorced ✓

6. (b) Name of husband or wife Sarah Howard 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Nov. 9, 1866
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Schuba Wis.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown

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

14. Maiden name Lorenz Mills Ill.
(City, town, or county) (State or foreign country)

15. Birthplace Mrs. Robt. D. Madison
(City, town, or county) (State or foreign country)

16. (a) Informant Rt. 1 Grain Valley Mo.
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof 3-15-42
(Month) (Day) (Year)

(c) Place: burial or cremation Viesca, Iowa
18. (a) Signature of funeral director Central Mortuary
(b) Address 5811 9th St.
19. (a) 3-14-42 (b) Mrs. W. H. Powell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 12
year 1942 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from 3/3/1942, 1942, to 3/12/1942,
that I last saw him alive on 3/12/1942,
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY SCLEROSIS Duration 3 YRS.

Due to

Due to 940

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?

While at work? (Specify type of place) (e) Means of injury ✓

23. Signature J. E. Avery (M. D. or other) D.O.

Address BLAKE SPRINGS, MO. Date signed 3/13/42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Ray Beffington*
Licensed Embalmer No. *2756*
P. O. Address..... *K. E. 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.