No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13373

State File No. .....

FILED MAY 12 1942

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1696

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: 1539 Chelsa (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 9 yrs 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. 1539 Chelsa (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME Mrs Helen Howard

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James W. Howard

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct-12-1890 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
~~52~~ 51	6	16	✓ hr. ✓ min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Anderson
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Chase
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr James W. Howard

(b) Address 1539 Chelsa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30-42 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director A. P. Doehler

(b) Address 1415 East 15 City

19. (a) 4-30-42 (Date received local registrar) (b) L. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 28 year 1942 hour 5 minute 45 P M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw her alive on ....., 19...; and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death ..... Duration

Due to Hypertensive heart disease

Due to 93d

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? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address K. C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 N P Doehler

Licensed Embalmer No. 1166

P. O. Address 1415 E 15 City

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.