U. S. No. 2
0M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32795

State File No. .....

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 3880

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: Trinity Lutheran Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)

In this community: since 1915

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson, 3

(c) City or town: Kansas City, 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 3606 Askew
(If rural, give location)

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

If yes, name country: x 0

3. (a) PRINT FULL NAME: Mrs. Augusta E. 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: William C. Howard,

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

7. Birth date of deceased: February (Month) 5 (Day) 1880 (Year)

8. AGE: Years 62 | Months 8 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace: Iowa, (City, town, or county) 1 (State or foreign country)

10. Usual occupation: at home,

11. Industry or business: x

MOTHER FATHER

12. Name: Enoch -

13. Birthplace: Germany, (City, town, or county) 4 (State or foreign country)

14. Maiden name: Fredricka -

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

16. (a) Informant: William C. Howard,

(b) Address: 3606 Askew, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-21-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th year 1942 hour 12:34 minute A. M.

21. I hereby certify that I attended the deceased from 1938, 19..., to 10-20-42, 19...; that I last saw him alive on 10-20-42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Encephalo-malaria	
Due to: Cerebral Art. Schler- & hypertension	
Due to: 83c	
Other conditions: Hypertension (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: 0

23. Signature: Robert W. Meyers M.D. (M.D. or other)

Address: 1025 Rialto Date signed: 10-21-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robert M. Myers,
Rialto Bldg
Vi. 4751
Ja 1884

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 E. M. Plank

Licensed Embalmer No. 1848

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.