

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: General Hospital #2 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5/30-5/31/43  
(Specify whether  
In this community 30 Years  
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. 1206 Highland  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JESSIE HOWARD

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 5 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 9 26 hr. \_\_\_\_\_ min.

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

10. Usual occupation General Work

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wash Howard  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Mary Shepherd  
15. Birthplace St Louis ms. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital #2

17. (a) burial (b) Date thereof 6/13/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director J. Atkins Bros.

(b) Address 1729 Lydia

19. (a) 6-3-43 (b) M. N. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1943 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 30 1943 to May 31 1943

that I last saw him alive on May 31 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration \_\_\_\_\_

Due to 108

Due to \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature J. O. Thomas (M. D. initials)

Address Gen. Hosp. 42-600E. 22-1 Date signed 6-2-43

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

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**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..... *Jerome Maslone* .....

Licensed Embalmer No. *3994* .....

P. O. Address *2503 Highland* .....

**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.