V. S. No. 2
00M—2-43
ev. 5-17-39
I X35397

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23898

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3016

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town KC Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Home 927 E. 14th (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 3

(c) City or town KC Mo (If outside city or town limits, write "RURAL") 5

(d) Street No. 927 E. 14th (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME WILFRED HOWLETT

3. (b) If veteran, name war NO

3. (c) Social Security No. 492-14-9575

4. Sex MALE

5. Color or race 2 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 FEB (Month) 14 (Day) 1893 (Year)

8. AGE: Years 50 Months 4 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace MANHATTAN (City, town, or county) KANS (State or foreign country) 1

10. Usual occupation PORTER

11. Industry or business

FATHER
12. Name CHAS. WESLEY HOWLETT
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name MARY ELLEN RITCHIE
15. Birthplace MO (City, town, or county) (State or foreign country) 0

16. (a) Informant ZOLA PERRY

(b) Address 231 E. PINE PLACE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation HIGHLAND

18. (a) Signature of funeral director Flying Greenstreet

(b) Address 1819 E. 14th KC Mo

19. (a) 7-8-43 (Date received local registrar) (b) J. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1943 hour 10:00 minute P. M.

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

Immediate cause of death Chr. fibrous Myocarditis

Due to Chr. Glomerular Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death) 131 b

Major findings: Of operations

Of autopsy yes

Duration

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 L. T. Richardson 3 (M. D. or other)

Address 1832 Vine Date signed 7-7-43

(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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine K.C.M.

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.