V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30772

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4155

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: 625 Woodland /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 31 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 0
(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No. 625 Woodland
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Martha Mattie Howard

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

4. Sex Female
5. Color or race White /
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife William Howard
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased February (Month) 4 (Day) 1874 (Year)

8. AGE: Years 69 Months 7 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois / (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Wm Abernathy
13. Birthplace (City, town, or county) no Record 9 (State or foreign country)

MOTHER
14. Maiden name no Record
15. Birthplace (City, town, or county) no Record 9 (State or foreign country)

16. (a) Informant Mrs Emma Fields
(b) Address 625 Woodland
17. (a) Mt Moriah (Burial, cremation, or removal) (b) Date thereof Sept (Month) 30 (Day) 1943 (Year)
(c) Place: burial or cremation Mt. Moriah
18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City, Missouri
19. (a) 9-30-43 (Date received local registrar) (b) P. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28th.
year 1943 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 15, 1943 to Sept 28, 1943
that I last saw her alive on Sept 28, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial degeneration	4 Mos
Due to Pulmonary Edema	2 Mos.
Due to Pleurisy	6 Mos.
Other conditions (Include pregnancy within 3 months of death) 93d	

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 A. E. Vaughn D.O. (M. D. or other)
Address 615 Chambers Bldg Date signed 9/28/43

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(Licensed Embalmer's Statement on Reverse Side)

Dr. A. E. Vaughn

Embalming Body

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 Denzil C. Browning

Licensed Embalmer No. 2724

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.