

S. No. 2  
1-9-4-41  
5-17-39  
PI X29424

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41634  
Registrar's No. 1484

FILED JAN 12 1944 / 2  
Registration District No. 1000

Primary Registration District No. 1000

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution State Hosp. R 2  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 wks 3 days  
In this community 3 wks 3 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jackson  
(c) City or town Kansan City  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? Unknown (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS HOWARTH

3. (b) If veteran, name war. NO 3. (c) Social Security No. 710

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

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

7. Birth date of deceased Nov 30 1851  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 1 1 hr. \_\_\_\_\_ min.

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

10. Usual occupation Weighter, formerly

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

12. Name Alexander Howarth 13. Birthplace England

14. Maiden name Ann Charlton 15. Birthplace England

16. (a) Informant Mr. Fred Hartman (b) Address 6815 Elm Street Route #3

17. (a) R-2 (b) Date thereof Jan 3-44  
(Place, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Thomas Howarth (b) Address St. Joseph Mo.

19. (a) 1-3-44 (b) Use Herzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 31st day 31st year 1943 hour 9 minute 45 A M.

21. I hereby certify that I attended the deceased from Dec 28, 1943 to Dec 31st, 1943  
that I last saw him alive on Dec 31st, 1943  
and that death occurred on the date and hour stated above

Immediate cause of death Myocarditis  
Due to Cerebral Arteriosclerosis with degeneration  
Duration 3 days

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Due to \_\_\_\_\_

Major findings: Of operations 93e1  
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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address State Hospital St. Joseph Date signed 31.1.44  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

1235

**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

*John Ray Plummer*

Licensed Embalmer No. *2435*

P. O. Address *Josephus*

**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.**