No. 2
1—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1472 323

Registrar's No.

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: 1000 Bellefountain 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 14 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 777
(a) State Kansas (b) County Miami 14
(c) City or town Rural 6
(If outside city or town limits, write "RURAL")
(d) ~~Street No.~~ Louisburg - Kansas
(If rural, give location)
(e) Citizen of foreign country? none (Yes or No)
If yes, name country none 2

3. (a) PRINT FULL NAME VAMES, HARVEY, HOWARD

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race Whi

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife —

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

7. Birth date of deceased Feb (Month) 8 (Day) 1867 (Year)

8. AGE: Years 76 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Georgetown (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name William C. Howard
13. Birthplace Ripley (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Liggie M. King
15. Birthplace Georgetown (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant R. S. Howard (Bro)
(b) Address 1000 Bellefountain

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 21 (Day) 44 (Year)
(c) Place: burial or cremation Louisburg, Kans.

18. (a) Signature of funeral director Kettlerline
(b) Address K. C. Mo.

19. (a) Jan 20 1944 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 19 day
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 1, 1938, to Jan, 1944;
that I last saw him alive on Jan 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebbral Hemorrhage

Due to Unknowny

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

83a

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 Paul F. Stockey (M. D. ~~or other~~)
Address Argyle Bldg K. C. Mo. Date signed 1-20-44

(Licensed Embalmer's Statement on Reverse Side)

D

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: J. S Walton

Licensed Embalmer No. 2764

P. O. Address Kansas City 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.