

S. No. 2
OM-5-43
Rev. 5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6130

State File No. _____

FILED FEB 18/1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 598

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:
717 Indiana
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 22 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸
 (c) City or town Kansas City ⁵
(If outside city or town limits, write "RURAL") ⁸
 (d) Street No. 717 Indiana
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CHARLES WESLEY HOWARD

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
 year 1944 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from 26 Feb 1944, to 22nd 2nd 1944
 that I last saw him alive on 26 2nd 1944
 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased March 21, 1858
(Month) (Day) (Year)

Immediate cause of death _____
Chronic myo Carditis
Semility
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
85 10 12 hr. min.

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

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

10. Usual occupation Park Board Employee
Kansas City, Mo.

Major findings: _____
 Of operations _____
 Of autopsy _____ 93d

MOTHER FATHER { 11. Industry or business _____

12. Name William Howard

13. Birthplace Va.
(City, town, or county) (State or foreign country)

14. Maiden name Susie Wright

15. Birthplace New York
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Sarah Howard
 (b) Address 717 Indiana

17. (a) Burial (b) Date thereof: 2/5/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

23. Signature D. S. D. Ramey (M. D. or other) D.O.
 Address 900 Benton St. Date signed 2-4-44

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address Kansas City, Mo.

19. (a) 2-5-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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

Dr. Rammy
9th and Benton
- about 6

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 *[Handwritten Signature]*

Licensed Embalmer No. *2247*

P. O. Address.....

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.