

FILED MAR 18 1944

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1097

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: Research Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: in hospital or institution. 1 wk
(If not in hospital or institution, write street number or location)

In this community 1 wk
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cooper

(c) City or town Prairie Home Grove
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Pearl Frances Howard

MEDICAL CERTIFICATION

3. (b) If veteran, name war no

3. (c) Social Security No. none

20. DATE OF DEATH: Month March Day 15 Year 1944 Hour 1:45 Minute _____ M.

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife P. W. Howard

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: August 21 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/15/44 to 3/9/44

8. AGE: Years 56 Months 6 Days 18 If less than one day _____ hr. _____ min.

that I last saw her ed alive on 1/8/44 and that death occurred on 3/15/44 date and hour stated above.

9. Birthplace: See Sheridan Co. Mo.
(City, town, or county) (State or foreign country)

Immediate cause of death: Obstructed to lungs lives and abscess

10. Usual occupation housewife

Due to Carcinoma of breast Duration 1 1/2 yrs

11. Industry or business Home

Due to _____

12. Name John Clark Nylor

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

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

Major findings: Of operations _____

14. Maiden name Julia Fleet

Of autopsy As above.

15. Birthplace Randolph Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Husband

(a) Accident, suicide, or homicide (specify) _____

17. (a) Address Prigick Home, Mo.

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 3-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director William E. Brown

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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..... *H. E. Freedman*

Licensed Embalmer No. *285AF*

P. O. Address *California 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.