V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30165

FILED SEP 26 1944

Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 3720

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: St. Luke's Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 2121 Linwood,
(If rural, give location)

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

If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Dorothy W. 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 ~~Married~~ Widow 2

6. (b) Name of husband or wife John G. Howard,

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

7. Birth date of deceased unknown.
(Month) (Day) (Year)

8. AGE: Years app. 68. Months Days If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name John B. Wilson,
13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Phoebe Davenport
15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant ~~John C. Howard~~, B. C. Howard
(b) Address 2121 Linwood, Kansas City, Mo.

17. (a) Burial (b) Date thereof 9-~~28~~ 14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 9-14-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 12th
year 1944 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from Sept 9, 1944, to Sept. 12, 1944;
that I last saw her alive on Sept. 11, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic ~~Acute~~ Nephritis. Coronary Occlusion

Due to Coronary Sclerosis.

Due to

Other conditions 131 b
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above.

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 H. P. Boughman M.D. (M. D. or other)

Address K. C. Mo. Date signed 9/13/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bushnow

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: Don Short

Licensed Embalmer No. 3757

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.