

S. No. 2
DOM-2-43
ev. 5-17-39
I X35697

FILED JUN 29 1945
Registration District No. 149

Primary Registration District No. 1002

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

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: Mrs. Stevas Nursing Home, 1310 Armore
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution about 2 months
(Specify whether years, months or days) lifetime (Specify whether)

3. (a) PRINT FULL NAME John Condit Howe

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret Martin Howe

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

7. Birth date of deceased Feb - 9 - 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>4</u>	<u>3</u>	hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

12. Name Jackson Howe

13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name L. Rance La Rue

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

16. (a) Informant R. D. Howe

(b) Address 49th + Blue Ridge Blvd.

17. (a) Burial (b) Date thereof June 14 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or exhumation Brookings Cemetery

18. (a) Signature of funeral director C. Clark King

(b) Address Raytown, Mo.

19. (a) 6-13-45 (b) Geraldine Helmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 44

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

(d) Street No. 49th + Blue Ridge Blvd.
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1945 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 5, 1945 to June 12, 1945

that I last saw h.i.m. alive on June 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Duration 2 weeks

Due to Hypertension 3 months

Due to Senility

Other conditions (include pregnancy within 3 months of death) 930

Major findings: Of operations

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Carl T. Moore (M. D. or other) DD

Address 6508 E. 37th Date signed 6-12-45

3/21/17 (18/11/17) - 10/17

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 *E. Clark Hegent*
Licensed Embalmer No. 3983
P. O. Address Raytown, 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.