V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29713

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4067

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: 4312 EAST 17TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether In this community 27 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4312 EAST 17TH STREET 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country ---

3. (a) PRINT FULL NAME MR WILEY EDWARD HOWARD

3. (b) If veteran, name war NO

3. (c) Social Security No. 495-20-6712

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. LULU DALE HOWARD

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased JANUARY (Month) 18 (Day) 1880 (Year)

8. AGE: Years 65 Months 8 Days 13 ~~14~~ If less than one day ___ hr. ___ min.

9. Birthplace PATTONSBURG (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation ASSEMBLY MAN.

11. Industry or business OIL WELL SUPPLY COMPANY

FATHER
12. Name WILLIAM HOWARD
13. Birthplace (City, town, or county) IOWA (State or foreign country)

MOTHER
14. Maiden name MARTHA WALKER
15. Birthplace PATTONSBURG (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs. W. E. Howard
(b) Address 4312 E. 17th.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-4-1945 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ I.O.O.F. CEMETERY PATTONSBURG, MISSOURI

18. (a) Signature of funeral director O. A. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 10-3-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 1ST year 1945 hour 3 05 minute a M.

21. I hereby certify that I attended the deceased from Coroner, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: suicide by Hanging	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 164 a	

Major findings:
Of operations
Of autopsy no History + Inspection

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) Suicide

(b) Date of occurrence 10-1-45

(c) Where did injury occur? 4312 E 17 KC Jackson mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)

While at work? no (e) Means of injury Hanging by belt

23. Signature [signature] (M. D. ~~or other~~) Coroner

Address 1424 [illegible] Date signed 10-1-45

(Licensed Embalmer's Statement on Reverse Side)

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 C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. 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.