

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16698**
Registrar's No. **2179**

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:
422 West 47th Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) **20 Years**

3. (a) PRINT FULL NAME **CHARLES FRED HOWE**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **487-01-1461**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Erma G. Howe** 6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **Oct. 10, 1893**
(Month) (Day) (Year)

8. AGE: Years **52** Months **7** Days **4** If less than one day hr. min.

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

10. Usual occupation **Freight Dept.**

11. Industry or business **St. Fe. R. R.**

MOTHER FATHER { 12. Name **Issac F. Howe**
13. Birthplace **Don't Know** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Mary M. Broley**
15. Birthplace **Don't Know** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Erma G. Howe**
(b) Address **422 West 47th Street**

17. (a) **Burial** (b) Date thereof **35 - 17 - 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**
(b) Address **104 West 42nd Street**

19. (a) **5-15-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **422 West 47th Street** **8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **1**
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **14**
year **1946** hour **3** minute **40** A. M.
21. I hereby certify that I attended the deceased from _____, 19**42** to **May 14**, 19**46**.
that I last saw him alive on **May 14**, 19**46**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **1 week**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **94A**
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? _____

(Specify type of place)
While at work? _____ (a) Means of injury _____
23. Signature **Charles Currier** (b) _____
Address **242 Plaza Medical Bldg** Date signed **5/14/46**

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..... *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address. *Kennett 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..