

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 12 1946  
199

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33602

Registration District No. 199

Primary Registration District No. 1002

State File No. \_\_\_\_\_

Registrar's No. 4529

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: General Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 Hours  
In this community 5 Months  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Cliff Lee Howard  
nee (Hilligoss)

3. (b) If veteran, name war No  
3. (c) Social Security No. 270-07-5184

4. Sex Male 0  
5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Minnie Howard  
6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Jan 10 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 9 19 hr. min.

9. Birthplace Anderson Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel Clerk

11. Industry or business \_\_\_\_\_

12. Name J. B. Hilligoss WOOD 9

13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant Wade J. Hilligoss

(b) Address 335 N. 35th Lincoln, Neb.

17. (a) Removal (b) Date thereof 10/31/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln, Neb.

18. (a) Signature of funeral director 20 West Linwood  
(b) Address 20 West Linwood

19. (a) 10-31-46 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
Kansas City  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3217 Cleveland  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day Oct  
year 1946 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from 2 Reason 19   to    19  ;  
that I last saw h   alive on    19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Fractures: 4-5-6-7 ribs left, Pelvic  
Tibia + Fibula, Right radius + ulna

Due to Hernia - Thorax  
Hernia - Peritoneum  
Due to Ruptured spleen

Other conditions Car + Pedestrian  
(Include pregnancy within 3 months of death)

Major findings: 1706  
Of operations 21  
Of autopsy yes - as above

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) accident 123

(b) Date of occurrence 10-29-46

(c) Where did injury occur? 100 Jackson mo  
(City town) (County) (State)

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

While at work? no (e) Means of injury Auto Train

23. Signature James Walker (M. D. or other) 3  
Address 1824 1/2 E. 11th Date signed 10-31-46

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

MOTHER FATHER

**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

*Howard W. Farmer*

Licensed Embalmer No. *4134*

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.**