

No. 2
-12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17458**
Registrar's No. **2074**

Registration District No. **149**

Primary Registration District No. **1002**

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:
3510 Wayne
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **9 Days**
years, months or days)

3. (a) PRINT FULL NAME **Nancy Ellen Howard**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **James Elsworth Howard**
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased **9-17-1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 **7** **22** hr. min.

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

10. Usual occupation **At Home**

11. Industry or business.....

MOTHER FATHER

12. Name **Marvin W. Hickox**

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

14. Maiden name **Mary S. Whaley**

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

16. (a) Informant **Mrs. Aleshia Mooneyham**

(b) Address **3510 Wayne**

17. (a) **Removal** (b) Date thereof **5-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Caney, Kansas**

18. (a) Signature of funeral director **Mrs. C.L. Forster**

(b) Address **Kansas City, Mo.**

19. (a) **5-10-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Montgomery**
(c) City or town **Caney City**
(If outside city or town limits, write "RURAL")
(d) Street No. **Caney Kansas**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9th.**
year **1947** hour **7** minute **30** A.M.

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

Immediate cause of death.....
Coronary Sclerosis

Due to.....

Due to **Deputy Coroner**

Other conditions.....
(Include pregnancy within 9 months of death)

Major findings:
Of operations.....
Of autopsy **History**

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 **A.E. Upsher** (M.D. or other)
Address **2800 Main** Date **5/10/47**

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.....

Cortland Meier

Licensed Embalmer No.....

3414

P. O. Address.....

918 Broadway

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.