S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1137

FILED FEB 3 1948

Registration District No. 149

Primary Registration District No. 1602

Registrar's No. 305

WRITE PLAINLY—USING 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: 4925 Troost Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution xx (Specify whether
In this community 19 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. 4925 Troost Ave. 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARLEY HOMER HOWELL
3. (b) If veteran, name war W.W.#1
3. (c) Social Security No. 499-10-8233
4. Sex Ma 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Dora F. Howell
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June (Month) 10 (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	7	10	hr. min.

9. Birthplace Worth County (City, town, or county) Mo. 6 (State or foreign country)
10. Usual occupation Salesman
11. Industry or business K.C. Power & Light Co.

FATHER
12. Name Moses Howell
13. Birthplace (City, town, or county) Tenn. / (State or foreign country)

MOTHER
14. Maiden name Emma Batman
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Dora F. Howell
(b) Address 4925 Troost Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-1948 (Month) (Day) (Year)
(c) Place: burial or cremation ne Grant City, Mo.
18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.
19. (a) 1-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th year 1948 hour 4:00 minute P M.
21. I hereby certify that I attended the deceased from ..., 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 Death due to natural causes — Duration
Due to
Due to 2000
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner
Major findings: Of operations
Of autopsy History

PHYSICIAN
Underline the cause of 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? Means of injury
23. Signature A. E. Upsher (M. D. or other) MD
Address 2800 Main Date signed 1/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1948

FEB 1 1943

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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.