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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4284

Registration District No. 11 Primary Registration District No. 3012 Registrar's No. 17

1. PLACE OF DEATH:

(a) County: CLAY

(b) City or town: EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 421 NORTH THOMPSON 1
(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)
In this community: 40 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: CLAY 24

(c) City or town: EXCELSIOR SPRINGS 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 421 NORTH THOMPSON 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country: ____

3. (a) PRINT FULL NAME: JOHN A. HOWARD

3. (b) If veteran, name war: NO

3. (c) Social Security No.: NONE

4. Sex: MALE 0

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: NANCY SNOWDEN-HOWARD

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

7. Birth date of deceased: MARCH (Month) 9 (Day) 1857 (Year)

8. AGE: Years 90 | Months 11 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace: LIBERTY (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation: FARMER - RETIRED

11. Industry or business: FARMING

FATHER
12. Name: JOHN S. HOWARD
13. Birthplace: KENTUCKY 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: HENRIETTA MAPE
15. Birthplace: MISSOURI 0 (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. J. L. ROWLAND
(b) Address: 421 N. THOMPSON - EX. S'PGS. MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 2/22/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: I.O.O.F. CEM. SMITHVILLE, MO.

18. (a) Signature of funeral director: Colaude Prichard
(b) Address: EXCELSIOR SPRINGS, MO.

19. (a) 2/21/48 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 20TH year 1948 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 18, 1948 to Feb. 20, 1948 that I last saw him alive on Feb. 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	1wk.
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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? 0
While at work? (Specify type of place) (e) Means of injury:

23. Signature: R M Cooker (M. D. or other) MD
Address: Excelsior Springs, Mo. Date signed: 2/21/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-48

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 Lindell R. Jarman, Registered Apprentice No. 88 working under my personal supervision.

Signed E. E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.