

FILED SEP 7 1948

Registration District No. **42**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph Washington**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**2108 South 5th street**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community **about 30 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2108 South 5th street**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **JESSE HOUSTON HOWARD**

3. (b) If veteran,  name war..... 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lillian**

7. Birth date of deceased **July 9 1894**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<b>54</b>	<b>1</b>	<b>8</b>	hr. min.

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

10. Usual occupation **Salvage business**

11. Industry or business.....

12. Name **Leroy Houston Howard**

13. Birthplace **Bentonville Ark**  
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Idabelle Brown**

15. Birthplace **Bellevue Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lillian Howard**

(b) Address **2108 South 5th St. St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 20, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Auburn Cemetery**

18. (a) Signature of funeral director **E. R. Sidenfaden F. Home**

(b) Address **602 South 10th street, St. Joseph, Mo.**

19. (a) **9-2-48** (b) **L. C. Jenkins**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **17**  
year **1948** hour **8** minute **35 A** M.

21. I hereby certify that I attended the deceased from **6-14**, 19**48**, to **8-17**, 19**48**  
that I last saw him alive on **6-21-48**, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**  
Due to **Coronary Heart disease**

Duration **few months**  
Due to..... **2 Mo.**

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?.....

While at work?..... (Specify type of place)  
(a) Means of injury.....

23. Signature **T. H. Sabin** (M. D. or other) **MD**  
Address **427 Felix, St. Joseph, Mo.** Date signed **8-18-48**

MOTHER FATHER

17

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**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 *Mollie E. Sidenfaden*

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, Mo*

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

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