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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26379
Registrar's No. 3200

Registration District No. 949
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: 2608 SUMMIT ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 hr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY 48
(If outside city or town limits, write "RURAL")
(d) Street No. 2608 SUMMIT 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 8
If yes, name country

3. (a) PRINT FULL NAME BOYD E. HOWARD
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased AUG. (Month) 5 (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 3 hr. ..... min.

9. Birthplace KANSAS CITY (City, town, or county) MO. (State or foreign country)
10. Usual occupation NONE
11. Industry or business

FATHER
12. Name FREDDIE HOWARD
13. Birthplace KEYTESVILLE MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY J. RHODES
15. Birthplace BRUNSWICK MO. (City, town, or county) (State or foreign country)

16. (a) Informant FREDDIE HOWARD
(b) Address KANSAS CITY MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation BRUNSWICK MO
18. (a) Signature of funeral director L Meersel
(b) Address BRUNSWICK MO
19. (a) 8-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 5TH year 1948 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from AUGUST 5 (12 45 AM), 1948 to AUG 5 (3 45 AM) 1948; that I last saw him alive on AUGUST 5 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	3 hrs.
Due to Improper formation of nerve supply	3 hrs.
Due to Malformation of babys head in utero	
Other conditions Baby was sick (Include pregnancy within 3 months of death) weeps premature	
Major findings: Of operations	
Of autopsy 157	

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? (e) Means of injury

23. Signature R. H. Boyd Jr. (M. D. or other) D.O.
Address 9529 Van Horn Rd Date signed 8/5/48
Independence Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 L M Caesid

Licensed Embalmer No. 827

P. O. Address Brunswick, M

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.