

FILED NOV 4 1948
Registration District No. 749

State File No. _____
Registrar's No. 3969

Primary Registration District No. 1001

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:
327 No. Indiana
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 327 No. Indiana
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH WALTON HOWARD
3. (b) If veteran, name war no
3. (c) Social Security No. 490-24-3359

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 22
year 1948 hour 5 minute A M.
21. I hereby certify that I attended the deceased from 9/19 48
9/20 1948, to 9/20 1948,
that I last saw him alive on 9/20 1948,
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Saidie Howard
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May 2 1877
(Month) (Day) (Year)

Immediate cause of death Cerebral Neurosis
arterio sclerosis
Duration 3 days

8. AGE: Years Months Days If less than one day
71 4 20 _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 830
Of operations _____
Of autopsy _____

9. Birthplace Wingsville, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Whipmaker
11. Industry or business State of Mo
12. Name Jordan Howard
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Frazer
15. Birthplace Wardensburg, Mo.
(City, town, or county) (State or foreign country)

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 _____
Signature R. Williams (M. D. or other)
Address 5400 St. John Ave Date signed 9/25

16. (a) Informant Ray Howard
(b) Address Cottawa, Ohio
17. (a) Burial (b) Date thereof 9-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Mo.
18. (a) Signature of funeral director Canada Papp
(b) Address Holden, Mo.
19. (a) 9-30-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

Kansas City Mo

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

MOTHER FATHER

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 M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Wisc.

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.