

FILED DEC 4 1948

Registration District No. 149

## STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No.

36621

Registrar's No.

4627

## 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:  
2138 Monroe  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none (Specify whether  
 In this community 30 years (Specify whether  
 years, months or days)

## 3: (a) PRINT

FULL NAME Tim A. HOWARD

## 3. (b) If veteran,

name war no

## 3. (c) Social Security No.

190-16-5068

4. Sex male 0 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Pauline B. Howard  
 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased January 7, 1887  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 10 4 hr. min.

9. Birthplace Lexington Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Bus Driver

11. Industry or business K. C. Public Service

12. Name John D. Howard

13. Birthplace --- Kentucky  
 (City, town, or county) (State or foreign country)

14. Maiden name Jennie Vaughn Best

15. Birthplace Dover Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pauline B. Howard

(b) Address 2138 Monroe, K. C., Mo.

17. (a) Burial (b) Date thereof 11-13-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Melody McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 11-12-48 (b) Sheraldou Malone  
 (Date received local registrar) (Registrar's signature)

## 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. 2138 Monroe  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11  
 year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
September 21, 1948 to November 11, 1948  
 that I last saw him alive on November 11, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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) (e) Means of injury

Signature P. L. Byers P. L. Byers  
 (M. D. 3285X)  
 Address 315 Alameda Rd., K.C., Mo. Date signed 11/12/48

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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 *Oliver E. Heck*

Licensed Embalmer No. 4063

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.**