

FILED FEB 15 1949

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

1290

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>377</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO.</u>				b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>			c. LENGTH OF STAY (in this place) <u>18 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KANSAS CITY TUBERCULOSIS HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>5240 MONTAUBAU AVENUE</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LELAND</u>			b. (Middle) <u>LAWRENCE</u>		c. (Last) <u>HOWELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-22-1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. <del>MARRIED</del> NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 30, 1896</u>		9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u>	IF UNDER 1 Wks. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GAS CO. EMPLOYEE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GAS SERVICE CO.</u>		11. BIRTHPLACE (State or foreign country) <u>JOPLIN, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JOHN L. HOWELL</u>			13b. MOTHER'S MAIDEN NAME <u>EMMA BLANKENSHIP</u>			14. NAME OF HUSBAND OR WIFE <u>LORENE HOWELL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>495-07-4362</u>		17. INFORMANT'S SIGNATURE OR NAME <u>KANSAS CITY TUBERCULOSIS HOSPITAL</u>				ADDRESS <u></u>	
18. CAUSE OF DEATH* Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TUBERCULOSIS Pulmonary</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7</u>	
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause* (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>002</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>(1)</u>					
22. I hereby certify that I attended the deceased from <u>1/4</u> , 1949, to <u>1/22</u> , 1949, that I last saw the deceased alive on <u>1/22</u> , 1949, and that death occurred at <u>9:50 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>George K. Landis</u> (Degree or title) <u>George K. Landis, M.D.</u>				23b. ADDRESS <u>H.C. St. Hosp.</u>				23c. DATE SIGNED <u>1-22-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 26, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>				
DATE REC'D BY LOCAL REG. <u>1-26-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer's Sons</u>				ADDRESS <u>1401 Brush Creek Kansas City 4, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert Ray  
.....

Licensed Embalmer No. 4182  
.....

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.