

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33873

4247

403

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1007		Registrar's No. 4247			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas				b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 3 mo.		c. CITY (If outside corporate limits, write RURAL and give township) Rural		d. STREET ADDRESS (If rural, give location) 6 mi S.E. Bonner Sp. Kans.			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				3. NAME OF DECEASED a. (First) Harvey				b. (Middle) Lee	
				c. (Last) Howard		4. DATE OF DEATH (Month) (Day) (Year) Oct 4 1949			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 4 - 1899			
9. AGE (In years last birthday) 49		if UNDER 1 YEAR Months 11 Days 0		if UNDER 1 HR. Hours 0 Min. 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Melling & Mfg.			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Separator		11. BIRTHPLACE (State or foreign country) Mayer, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Leon Howard			13b. MOTHER'S MAIDEN NAME Lilly Butler			14. NAME OF HUSBAND OR WIFE Rebecca			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Rebecca Howard Bonner Sp. Kans.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 2 yr -	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Larynx 1947					
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION As above 155						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Feb 24, 1949, to Oct 4, 1949, that I last saw the deceased alive on Oct 4, 1949, and that death occurred at 1:00 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Arnold V. Arms (Degree or title) M.D.				23b. ADDRESS 315 Platte Rd E. City Mo		23c. DATE SIGNED 10-4-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 6 - 1949		24c. NAME OF CEMETERY OR CREMATORY Bonner Sp. Cem		24d. LOCATION (City, town, or county) (State) Bonner Spring Kans.			
DATE REC'D BY LOCAL REG. 10-4-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE N. Simmons		ADDRESS R. C. K.			

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

JUN 4 1956

FEB 2 1956

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 *H Simmons*

Licensed Embalmer No. *3903*

P. O. Address *HOK*

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.