

FILED JUN 12 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

15924

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>661</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Buchanan</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>5 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		<u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>422 North 23rd.</u>				d. STREET ADDRESS (If rural, give location) <u>422 North 23rd.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Harold</u>		b. (Middle) <u>Carpenter</u>		c. (Last) <u>Howard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 23, 1878</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 4 HRS. Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ill. Bell Tele. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Bellville, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Howard</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Carpenter</u>		14. NAME OF HUSBAND OR WIFE <u>Nelle Hope Howard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>319-10-4645</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nelle Hope Howard, 422 N. 23rd St. Joe.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Chronic Myo-Carditis</u>		<u>2 yrs</u>	
		ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic mitral insufficiency</u> <u>2 yrs</u>	
				DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>4 2 2 2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 <u>on 6/2</u> , 19 <u>50</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>N. F. Mundy M.D. (Coroner)</u>				23b. ADDRESS <u>St. Joseph Mo.</u>		23c. DATE SIGNED <u>6/2/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/5/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>mt. man</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 7, 1950</u>		REGISTRAR'S SIGNATURE <u>L. B. Jenkins</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Walter Neaton-Bauman</u>		ADDRESS <u>St. Joseph, Mo.</u>	
(Licensed Embalmer's Statement on Reverse Side) <u>None</u>							

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

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

James P. Hawkins

Licensed Embalmer No. *4536*

P. O. Address *319 S. 10th St. Joplin, 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.