

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4839

735

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City
c. LENGTH OF STAY (in this place) 15 YRS

c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2

STREET ADDRESS (If rural, give location) 1802 East 16th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Harvey b. (Middle) HOWARD c. (Last) HOWARD

4. DATE OF DEATH (Month) (Day) (Year)
2- 10 1955

5. SEX 2 MALE

6. COLOR OR RACE NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2

8. DATE OF BIRTH JAN. 1886

9. AGE (In years last birthday) 69
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DON'T KNOW

10b. KIND OF BUSINESS OR INDUSTRY DON'T KNOW

11. BIRTHPLACE (City and State or Foreign Country) ANNISTON, ALA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY HARVEY

13b. MOTHER'S MAIDEN NAME MIRAH CALLOWAY

14. NAME OF HUSBAND OR WIFE DON'T KNOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES
(If yes, give war or dates of service) W.W. #1-1918

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
MRS. JOSIE KELLY DETROIT MICH

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) Generalized Arteriosclerosis.

ANTECEDENT CAUSES
Morbid 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 Senility
Conditions contributing to the death but not related to the disease or condition causing death. Old Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5-55, 19__, to 2-10-55, 19__, that I last saw the deceased alive on 2-10-55, 19__, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____

23b. ADDRESS 600 East 22nd Street

23c. DATE SIGNED 2-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 2-18-1955

24c. NAME OF CEMETERY OR CREMATORY BLUE RIDGE LAWN

24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.

DATE REC'D BY LOCAL REG. 2-17-55
REGISTRAR'S SIGNATURE Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
BROWN & HUDSON K.P. MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
E. Frank Ellis

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.