

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 122633
 Registrar's No. 1473

FILED APR 17 1948

Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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:
Northeast Osteo. Hosp. 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 da.
(Specify whether
 In this community 2 wks.
years, months or days)

3. (a) PRINT FULL NAME ALBERT J. HOWARD

3. (b) If veteran, name war --- no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Margaret E. Howard 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased July 19, 1870
(Month) (Day) (Year)

8. AGE: Years 77 ~~76~~ Months 8 Days 14 If less than one day hr. min.

9. Birthplace Hickory Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Leonard Howard
 { 13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Mary Mc Cutchun
 { 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Edith M. Howard
 (b) Address Preston, Mo.

17. (a) Removal (b) Date there April 3, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheatland, Mo.

18. (a) Signature of funeral director Melody-McGilley-Eylar
 (b) Address 1800 E. Linwood, K.C., Mo.

19. (a) 4-3-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory 43
 (c) City or town Preston 6
(If outside city or town limits, write "RURAL") 6
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 1
 If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
 year 1948 hour 12 minute 30 P.M.
 21. I hereby certify that I attended the deceased from March 22
19 48 to April 3, 19 48
 that I last saw h. im alive on April 3, 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy 4 wks.
arteriosclerosis
 Due to _____
 Due to _____
 Other conditions None
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations None
 Of autopsy None

Duration 4 wks.
 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? _____

23. Signature Frank O'Ray (M.D. or other) Do.
(Specify type of place) (Means of injury)
 Address 4314 E. 9, K.C. Mo. Date signed 4-5-48

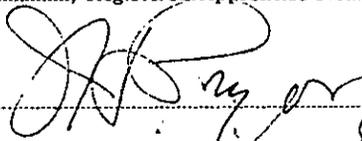
JUN 9 1948

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.....


.....
Licensed Embalmer No. 2995
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 this body is not embalmed, fact should be so stated above.