

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 20 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

23046

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 2775  
Township Kaw Primary Registration District No. 1002 Registered No. 2775  
City Kansas City (No. 3525 East 28 St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME George Douglas Howard

(a) Residence, No. 3525 East 28th St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23, 1920  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hr. or .....min.  
14 10 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill

13. NAME Geo. L. Howard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Ill.

15. MAIDEN NAME Sudie Hersky

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT Geo L. Howard  
(ADDRESS) 3525 East 28th

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park Cem DATE July 11 1935

19. UNDERTAKER Wagner Funeral Home  
(ADDRESS) 204 W. Linwood

20. FILED 7/10 25th m Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935, to July 9, 1935.  
I last saw him alive on July 9, 1935. Death is said to have occurred on the date stated above, at 1:00 P. m.  
The principal cause of death and related causes of importance were as follows:

acute endocarditis  
pulmonary embolism with lung infarction  
Other contributory causes of importance:  
acute axillary lymphadenitis  
Toxemia

Name of operation none Date of July 9  
What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) W. H. Hunter, M. D.  
(Address) 724 Angler Bldg.

