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23159

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29908

Registration District No. 843

Primary Registration District No. 6106

Registrar's No.

1. PLACE OF DEATH

(a) County St. Louis (b) City or town Madison  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution one day  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Leonard Howard  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

4. Sex male 5. Color or race wh  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife none  
 6. (c) Age of husband or wife if alive years 14 months 1873  
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 3  
 If less than one day hr. min.

9. Birthplace Carl Junction, Jasper Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business none

MOTHER FATHER

12. Name Mrs. Washington Howard  
 13. Birthplace Prussville Ill.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Mag. Southard  
 15. Birthplace Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary E. McElroy  
 (b) Address 960 North Campbell  
 17. (a) Carl Junction (b) Date thereof Aug 17 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Carl Junction Mo.

18. (a) Signature of funeral director Walter J. Christian  
 (b) Address Madison, Mo.  
 19. (a) Aug 17 1940 (b) Nellie Ironley  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
 (c) City or town Springfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 960 North Campbell  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16  
 year 1940 hour 8 minute 30 p.M.  
 21. I hereby certify that I attended the deceased from Aug 16, 1940, to Aug 16, 1940  
 that I last saw him alive on Aug 16, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
 Duration

Due to 94%  
 Due to

Other conditions Arteriosclerosis  
 (Include pregnancy within 3 months of death)

Major findings: Of operations no  
 Of autopsy no  
 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) no  
 (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?  
765  
 (Specify type of place) While at work? (e) Means of injury.

23. Signature J. Howard (M. D. or other)  
 Address Madison Mo. Date signed Aug 17 1940

RECEIVED

District Health Officer No. 6,

District File Number 940-2562

Date Filed SEP 9 1940

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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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, 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.