

b. 2
4-41
7-39
X26390

FILED SEP 12 1941

Registration District No.

Primary Registration District No.

Registrar's No. 3261

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:
Wesley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 0

3. (a) PRINT NAME GEORGE R HOWE
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-10-7887

4. Sex Male 0 5. Color of Wh 0 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 6 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>5</u>	<u>23</u>	hr. min.

9. Birthplace Chicago Illionis
(City, town, or county) (State or foreign country)

10. Usual occupation Bell-Man

11. Industry or business Robert E. Lee Hotel

12. Name George R Howe

13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Lia Rouch

15. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Wm M F Howe

(b) Address Chicago Ill Chicago Ill

17. (a) Removal (b) Date of removal 8/31/41
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation church of St John

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 8/31/41 (b) M M Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. Cordova Hotel--523 West 12th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 24
year 41 hour 2 pm minute _____ M.
21. I hereby certify that I attended the deceased from May 1940 to August 1941,
that I last saw him alive on 8/24/41 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Chronic Endocarditis
Duration 2 yrs

Other conditions 92
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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?

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature A. W. Stark (M. D. or other) 10/1/41
Address Argyle, Mo Date signed 8/28/41

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

MOTHER FATHER

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..... *Harold Rain*.....
.....
Licensed Embalmer No. *4097*.....
P. O. Address *K, C, 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.