

FILED JUL 25 1944

Registration District No. 518/28 Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home, 2015 S. Pickwick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 20 Years:
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 29
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2015 S. Pickwick 6
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Paul O. Howard
3. (b) If veteran, name war No.
3. (c) Social Security No. 491-03-0102

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7
year 1944 hour 9:00 minute A.M.
21. I hereby certify that I attended the deceased from No Physicians in attendance
that I last saw h alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Veda Howard 6. (c) Age of husband or wife if alive U.N.K. years
7. Birth date of deceased: Sept 12, 1906
(Month) (Day) (Year)

Immediate cause of death Suicide by firearm
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1640
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 37 Months 9 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Republic Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Abstract & Title
11. Industry or business Loan Business

MOTHER FATHER { 12. Name Martin E. Howard
13. Birthplace Republic Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Annie E. O'Neal
15. Birthplace Republic Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Veda Howard
(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof July 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield Mo.

19. (a) 7-10-44 (b) W. Staudley
(Date received local registrar) (Registrar's signature)

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) Suicide
(b) Date of occurrence July 7, 1944
(c) Where did injury occur? Greene, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In the home gunshot wound
While at work? no (Specify type of place) (e) Means of injury 12 mfl
23. Signature Wm. St. Croix (M. D. or other)
Address Springfield, Mo Date signed 7-10-44

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

59
2
6

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 *L. D. Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.