

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 20 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

38484

Registration District No.

Primary Registration District No.

4395

Registrar's No.

28

1. PLACE OF DEATH:

(a) County Ozark  
(b) City or town Gainesville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Halleck Howard

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Cora Howard 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased October 31 1862  
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Lucas County, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Samuel Howard

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

14. Maiden name Cora Baker

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

16. (a) Informant Sam Howard

(b) Address Gainesville, Missouri

17. (a) Burial (b) Date thereof 9-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newbern, Iowa

18. (a) Signature of funeral director Clinkingbeard Fun. Home

(b) Address Gainesville, Mo.

19. (a) 9-4-44

(Date received local registrar)

(b) Margaret Hutchins  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark  
(c) City or town Gainesville  
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3  
year 1944 hour 4 minute P.

21. I hereby certify that I attended the deceased from 9-3 to 9-3, 1944,  
that I last saw him alive on Sept. 3, 1944,  
and that death occurred on the date and hour stated above.  
Immediate cause of death

Due to Coronary Arteriosclerosis

Due to  
Other conditions (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) (e) Means of injury

23. Signature W. H. Pace (M. D. or)  
Address Gainesville Mo Date signed 9/4/44

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 1144-1147

Date Filed NOV 14 1944

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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.....

*W. B. Litchison*

Licensed Embalmer No. 3431

P. O. Address Gaithersburg MD

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.