DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1948

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5299

State File No. 29238

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Rural - Rathrop township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 0

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Page 99 2

(c) City or town Shenandoah 13
(If outside city or town limits, write "RURAL")

(d) Street No. 1102 Sunset 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE GREGORY HAWS

3. (b) If veteran, name war World War I

3. (c) Social Security No. 505-06-8435

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Weedlun Haws

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April (Month) 14 (Day) 1898 (Year)

8. AGE: Years 50 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Minden (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation Dis. Manager Power & Light

11. Industry or business Iowa & Shenandoah

MOTHER FATHER

12. Name Irving Haws

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

14. Maiden name Josephine Porterfield

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

16. (a) Informant Ida Weedlun Haws

(b) Address Shenandoah Iowa

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 8 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Minden Nebr

18. (a) Signature of funeral director DeMoss CRUNK

(b) Address Cameron Mo

19. (a) Oct. 5, '48 (Date received local registrar) (b) Winifred W. Moser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5 year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina pectoris	
Chronic Myocarditis	3 yrs
Due to	
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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature A. W. Templeman, Coroner Clinton Co. (Mr. D. or other)

Address Cameron, Mo Date signed 10/5/48

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 14 1943

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 Lee Moss Crink

Licensed Embalmer No. 2533

P. O. Address Cameron Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.