

FILED JAN 13 1947

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Rural Shannon Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1 mile east of Fruitland Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

GEORGE W. HOWARD

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Julia Howard 6. (c) Age of husband or wife if alive 85 years
 7. Birth date of deceased Jan 18 - 1861 (Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 9 If less than one day hr. min.

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

10. Usual occupation farming

11. Industry or business

12. Name John Howard
 13. Birthplace N. Carolina (City, town, or county) (State or foreign country)
 14. Maiden name Minerva Childers
 15. Birthplace N. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Glenn Childers

(b) Address Rt. 1 Jackson Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 - 46 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (c) Signature of funeral director R. G. Miller

(b) Address Jackson

19. (a) 1-2-47 (Date received local registrar) (b) B. G. Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Gir
 (c) City or town Rural Shannon Twp
 (If outside city or town limits, write "RURAL")
 (d) Street No. near Fruitland Mo.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1946 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from 12-26 to 12-27, 1946, that I last saw him alive on 12-26, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Disinfectant
With San guine Poison

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. D. Blaylock M.D. (M. D. or other)
 Address Oak Ridge Mo. Date signed 12-30-46

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

RECEIVED

Health Officer No. Y
Lic. File Number 147-51
Date Filed 1-9-47

MAR 11 1958

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 Lene C. Cracraft

Licensed Embalmer No. 4927

P. O. Address Jackson, 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.