

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10741

Do not use this space.

## 1. PLACE OF DEATH

(a) County Greene Registration District No. 318  
(b) Township Springfield Primary Registration District No. 2001 Registered No. 215  
(c) City Springfield (d) Street No. 756 N. Prospect St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 756 N. Prospect St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Samuel S. Grider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7-1889

7. AGE YEARS 48 MONTHS 4 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. In own home  
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Will Payne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Tilda Marten

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Samuel S. Grider, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Manly Cemetery DATE March 9, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. J. King, Springfield, Mo.

20. FILED Mar 8 1938 Chas. A. George, Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1933, 19... to March 8, 1938

I last saw her alive on March 8, 1938. Death is said to have occurred on the date stated above, at 4:30 AM

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis, Post (acute dilatation of heart) fibrillation

Other contributory causes of importance None

Name of operation no Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19...

Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Walter S. Samuel, M. D.  
Springfield, Mo. (Address)

WHILE FILLING IN WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, J.B. Klingner, Licensed Embalmer No. 3358  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Warren D. Noble  
# 4005 and J.B. Klingner  
No. 3358 or by W.D. Max Rhodes, Registered Apprentice No. 117  
working under my personal supervision.  
Signed J.B. Klingner  
Licensed Embalmer No. 3358

**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.)**