REC'D JUN 8 1938

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

18245
Do not use this space.

1. PLACE OF DEATH
(a) County Greene
(b) Township
(c) City Springfield
Registration District No. 318
Primary Registration District No. 2001
Registered No. 377
(d) Street No. Springfield Baptist Hospital 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 Glen M. Fawcett
(a) Residence, No. 1003 Stewart St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hazel Fawcett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 6 1910

7. AGE: Years 28 | Months 1 | Days 26 | If LESS than 1 day, ....hrs. or ....min.

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

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

FATHER
13. NAME: Harry E. Fawcett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER
15. MAIDEN NAME: Bessie Mae Trago
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): LaNelle Fawcett, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenlawn DATE: 5-4-1938, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. H. Lohmeyer, Springfield Mo.

20. FILED: May 4, 1938 Chas A. George M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him alive on dead May 2, 1938. Death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot Wound in Left Chest | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 2, 1938
Where did injury occur? On Highway 65 North of Fulbright (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Accident Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. T. Hamrick Coroner M.D.
(Address) Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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, yes

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Lauren Gorma

Licensed Embalmer No. 3177

P. O. Address Springfield M

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

**If this body is not embalmed, above space should be left blank.**