

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

18319

Do not use this space.

REC'D JUN 8 1938

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township N. Cambridge Primary Registration District No. 5439
 (c) City Springfield, Mo. (d) Street No. Greene County Farm
 (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

Horace Counteryman
 (a) Residence, No. Greene County Farm St. R.F.D. #4
 (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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE YEARS About 80	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None		
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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cave Springs Missouri		
13. NAME Unknown		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT (ADDRESS) Greene County Farm Records Springfield, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE May 30 , 19 38		
19. FUNERAL DIRECTOR (NAME) H.H. Lohmeyer F.H. (ADDRESS) Springfield, Mo.		
20. FILED May 30 , 19 38 Chas. A. Benzant Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 29**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1**, 19**38**, to **May 2**, 19**38**. I last saw her alive on **May 18**, 19**38**. Death is said to have occurred on the date stated above, at **8 A.** m. The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset **1930**

Other contributory causes of importance:
151

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify..... (Signed) **Dr. Russell**, M. D.
 (Address) **Springfield Mo**

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

Walter E. Hamilton

Licensed Embalmer No.

3808

P. O. Address

Springfield 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, above space should be left blank.