

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

45064  
 Do not use this space.

6660 JAN 14 1938

1. PLACE OF DEATH *2*  
 (a) County *Greene* Registration District No. *318*  
 (b) Township *1* Primary Registration District No. *2001* Registered No. *924*  
 (c) City *Springfield* (d) Street No. *St. Johns 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.  
 2. PRINT/FULL NAME *Baby of Wm. D. & Mary Wilder*  
 (a) Residence, No. *Springfield Mo. 1512 S. Hawthorn* (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 *M* 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) *Dec. 3 - 1938*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*✓ 0 0 0 0* *Still Born*

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *✓*  
 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) *Springfield Mo. C.*

FATHER 13. NAME *Wm. D. Wilder*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mass*

MOTHER 15. MAIDEN NAME *Mary Lord*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New Hampshire*

17. INFORMANT (ADDRESS) *Wm. D. Wilder Springfield Mo.*

18. BURIAL, CREMATION, OR REGIONAL PLACE *East Louis. DATE 12/31 38*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Chas. W. George Springfield Mo.*

20. FILE *Dec 3 19 38* *Chas. W. George Springfield Mo.* Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 3 1938*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

*Still Born, macerated following injury to mother on Nov 20-38 (Central Hemorrhage)*

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*

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) *Joe D. James* \_\_\_\_\_, M. D.  
*Springfield Mo.*

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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**