

1939 FEB 7 6

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

2269
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
 (b) Township Springfield Primary Registration District No. 2001 Registered No. 1
 (c) City Springfield (d) Street No. 830 Benton Ave
 (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. 840 Benton AVE. (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 Mary Louise Farmer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8-1877
 7. AGE YEARS 61 MONTHS 8 DAYS 3 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrical
 9. Industry or business in which work was done, as saw mill, bank, etc. Lineman
 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) Mich.

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Sarah Hawks

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Mary L. Farmer Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) National Cemetery DATE Jan. 8 1939

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

20. FILED Jan 3 1939 Chas. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1939

22. I HEREBY CERTIFY, That I attended deceased from 11 1839 to 11 1939
 I last saw him alive on 1/1 1939. Death is said to have occurred on the date stated above, at 3:30 P m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Embolism

Date of onset 1/1/39

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1939

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 None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify None

(Signed) Wm. H. ..., M. D.

(Address) 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.

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 J. B. Klingner

Licensed Embalmer No. 3358

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.