

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.

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

REC'D APR 13 1939

Dr. Musick  
10787  
Do not use this space.

1. PLACE OF DEATH  
(a) County GREENE Registration District No. 316  
(b) Township SPRINGFIELD Primary Registration District No. 2001  
(c) City City Hospital (d) Street No. \_\_\_\_\_ Registered No. 192  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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 H. O. Franklin, Edward Dile  
(a) Residence, No. 1401 N. Johnson St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 3, 1939</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				22. I HEREBY CERTIFY, That I attended deceased from <u>3, 2, 39</u> , 19... to <u>3, 3, 39</u> , 19... I last saw him alive on <u>3, 2, 39</u> , 19... Death is said to have occurred on the date stated above, at <u>4 A.</u> m. The principal cause of death and related causes of importance were as follows: <u>Burned over half surface of body. His clothing caught fire while he and his small sister were playing - burning papers in a wood burning stove</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 28, 1938</u>					Date of onset <u>March 2, 1939</u>	
7. AGE	YEARS <u>0</u>	MONTHS <u>11</u>	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Child.</u>				Other contributory causes of importance: <u>181</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>at Home.</u>					
	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) <u>Republic, Mo.</u>					Name of operation _____ Date of _____	
FATHER	13. NAME <u>Loine Dile</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Plains, Mo.</u>				23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>Mar 2, 1939</u> Where did injury occur? <u>at home</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
MOTHER	15. MAIDEN NAME <u>Pearl William</u>				Manner of injury <u>at home</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howell Co. Mo.</u>				Nature of injury <u>Burns over half of surface of body</u>	
17. INFORMANT (ADDRESS) <u>Loine Dile, 1401 N. Johnson, City</u>					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. Musick</u> , M. D.	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Republic Mo</u> DATE <u>Mar 4, 1939</u>					19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Alma Johnson, Springfield, Mo.</u>	
20. FILED <u>Mar 3, 1939</u> <u>Chas A George, M.D.</u> Local Registrar. <u>590</u> (Address) <u>Springfield, Missouri</u>						

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E-F-6861

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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.**