

0250 APR 13 1939

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

10811
Do not use this space.

1. PLACE OF DEATH *Greene?*
 (a) County *Greene?* Registration District No. *316*
 (b) Township *Springfield* Primary Registration District No. *2001* Registered No. *220A*
 (c) City *Springfield* (d) Street No. *1826 N. Campbell* St.
 (If death occurred in Hospital or Institution, write 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 *BOBBY - PRINE*
 (a) Residence, No. *1826 N. Campbell* St. (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 *Infant*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Infant*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 13, 1939*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. ... min.
 0 0 0
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Infant*
 9. Industry or business in which work was done, as saw mill, bank, etc. *in home*
 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) *Missouri*
 FATHER 13. NAME *Frank Prine*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*
 MOTHER 15. MAIDEN NAME *Maye C. Stroum*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*
 17. INFORMANT (ADDRESS) *Frank Prine 1826 N. Campbell*
 18. BURIAL, CREMATION, OR REMOVAL *Hazelwood* DATE *March 14, 1939*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *W. H. Slingue & Co. Springfield Mo.*
 20. FILED *Mar 14 1939* *Chas. C. Rosemeyer* Local Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-13-1939*
 22. I HEREBY CERTIFY, That I attended deceased from *3-13-1939* to *3-13-1939*
 I last saw him alive on *Wed. 3-13-1939* Death is said to have occurred on the date stated above, at *11:00 a.m.*
 The principal cause of death and related causes of importance were as follows:
Still Born (S.D. 1 hour)
 Date of onset
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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) *W. H. Slingue* M. D.
 (Address) *Springfield Mo.*

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
DEPARTMENT OF HEALTH
STATE OF TEXAS

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.

1911

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

10811
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township _____ Primary Registration District No. 2001
 (c) City Springfield (d) Street No. _____ 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

Bobby Prine
 (a) Residence, No. _____ St. (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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Inf

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .. hrs. or .. min.

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 5-6-1939 Chas C George MD
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13, 1939

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

I last saw h... 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
Lived, found Premature Birth
 Other contributory causes of importance: 15 ft

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) W. Kelly M. D.

(Address) Springfield mo

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 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.
 REGISTERARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESENTED.
 HOWENABERRY

MAY - 2 1939