

REC'D APR 13 1939

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

10840 / Do not use this space.

1. PLACE OF DEATH (a) County Greene (b) Township Springfield (c) City Springfield (d) Street No. Walnut Grove Park (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. 224 E. Roman St. (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) Divorced 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (check) 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 1894 7. AGE YEARS 44 MONTHS 11 DAYS If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sitcher engineer 9. Industry or business in which work was done, as saw mill, bank, etc. Frisco R.R.Co. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1939 22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on Mar 24 1939 Death is said to have occurred on the date stated above, at 8:30 A.M. The principal cause of death and related causes of importance were as follows: Laceration of back of head. Date of onset Other contributory causes of importance: Contusion of brain

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 13. NAME Ben Harris 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 15. MAIDEN NAME Nancy Carver 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 17. INFORMANT (ADDRESS) Bessie Harris Springfield, Mo. 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cemetery Date Mar 26 1939 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Hargrett 20. FILED (3-26) 1939 Geo. W. Hargrett Registrar

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? or death Date of injury Mar 24 1939 Where did injury occur Walnut Grove Park Springfield Mo (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Contusion of brain Nature of injury Laceration of back of head 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. P. Ferguson M. D. (Address) 1607 S. Elm

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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

Book

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 *Warren Noblett*

Licensed Embalmer No. *4005*

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.

STATEMENT BY LICENSED EMBALMER
REGISTERED APPRENTICE NO.
P. O. ADDRESS

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

10840
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. _____

(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. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DW

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24-1939

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

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

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

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

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 _____

Rupture of back & head apparently result of falling from bridge while walking on highway
Date of onset 18th

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

Other contributory causes of importance: Contusion of Brain

13. NAME

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

Name of operation _____ Date of _____

15. MAIDEN NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury 3-24-1939

17. INFORMANT (ADDRESS) _____

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE _____ DATE _____ 19____

Manner of injury _____

Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) J. J. Ferguson

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

(Address) Springfield Mo

ROSENA MOORE BY LAW.
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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETELY CORRECTED BY LAW.

SUPPLEMENTARY

MAY - 3 1939