REC'D JUN 8 1939

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

3

Do not use this space. 18687

1. PLACE OF DEATH
(a) County GREENE — Registration District No. 318
(b) Township or (c) City S. Campbell SPRINGFIELD — Primary Registration District No. 6440 — Registered No. 388
(d) Street No. MEDICAL CENTER FOR FEDERAL PRISONERS 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 1 yrs. 2 mos. 24 ds. (f) How long in U. S., if of foreign birth? — yrs. — mos. — ds.

456

2. PRINT FULL NAME DeLAMAR, Terry
(a) Residence, No. St. Binghamton, N. Y.
(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 Lucy DeLamar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
35	35	1	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Overton, Penna.

FATHER
13. NAME John Haverly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.

MOTHER
15. MAIDEN NAME Anna Sheeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.

17. INFORMANT (ADDRESS) Deceased

18. BURIAL, CREMATION, OR REMOVAL
PLACE Springfield, Mo. DATE 5-12-1939

19. FUNERAL DIRECTOR (NAME) A. Lohmeyer Funeral Home
(ADDRESS) Springfield, Missouri

20. FILED 5-11-1939 Chas A. George MD
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1938, to May 8, 1939
I last saw him alive on May 8, 1939. Death is said to have occurred on the date stated above, at 2:43 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary	July, 1937

22

Other contributory causes of importance:

Tuberculosis of left knee-joint	Unknown
Otitis media	Oct., 1937

Name of operation Pneumothorax Date of 2-2-39
What test confirmed diagnosis? Laboratory & Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) L. L. Wilson, P. A. Surgeon, M. D.
(Address) Clinical Director, MCFP, Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.