

REC'D JUL 11 1939

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

22105  
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 315  
(b) Township SPRINGFIELD Primary Registration District No. 2001  
(c) City SPRINGFIELD (d) Street No. 755 W. Talmadge 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 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 458

2. PRINT FULL NAME

(a) Residence, No. 755 W. Talmadge St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1885  
7. AGE YEARS 53 MONTHS 7 DAYS 22 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Timber dealer  
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) James Town (STATE OR COUNTRY) MO

FATHER 13. NAME John M. Clancey

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Josie M. Clancey  
755 W. Talmadge

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE June 4, 1939

19. FUNERAL DIRECTOR (NAME) Thibault (ADDRESS) Springfield, Mo.

20. FILED 6-4 1939 Charla George Legal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1939

22. I HEREBY CERTIFY That I attended deceased from May 24, 1939, to June 2, 1939. I last saw him alive on May 24, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m. The principal cause of death and related causes of importance were as follows:

Arteriosclerosis with apoplexy

Date of onset 3 yrs Quint

Other contributory causes of importance: Senility

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) O. E. Feller, 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.

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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.....

*Ralph Thomas*

....., Registered Apprentice No.....

.....working under my personal supervision.

Signed.....

*Ralph Thomas*

Licensed Embalmer No. *3681*

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.**

X