

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22149

Do not use this space.

510

REC'D JUL 11 1939

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
 (b) Township N Campbell Primary Registration District No. 2001 Registered No. 510
 (c) City SPRINGFIELD (d) Street No. 216 N Rogers 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JABEZ JAMES PUNZELL
 (a) Residence, No. 216 N Rogers 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) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-11, 1931
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 18 0 10~~7~~
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 9. Industry or business in which work was done, as saw mill, bank, etc. Child
 10. Date deceased last worked at this occupation (month and year) Child 11. Total time (years) spent in this occupation. Child
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark
 FATHER 13. NAME Earnest Punzell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis
 MOTHER 15. MAIDEN NAME Mary Ida Hall
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 17. INFORMANT (ADDRESS) Mrs Mary I. Hall
216 N Rogers
 18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 6-22-1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lundy Hall
Springfield
 20. FILED June 22, 1939 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1939
 22. I HEREBY CERTIFY That I attended deceased from June 17, 1939 to June 21, 1939
 I last saw him alive on June 18, 1939. Death is said to have occurred on the date stated above, at 6:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocardial stenosis with cardiac failure
 Date of onset unknown
 Other contributory causes of importance: Emaciation and malnutrition
 Name of operation Physical Date of no
 What test confirmed diagnosis? Physical Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. no
 Manner of injury no
 Nature of injury no
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify W. J. Watch M. D.
 (Signed) W. J. Watch (Address) Springfield Mo

WRITE CAREFULLY, 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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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.

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