

Murick

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

29139
Do not use this space.

SEP 12 1939

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 621
(c) City SPRINGFIELD (d) Street No. 1201 N. Park Ave. 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

(a) Residence, No. 1201 N. Park Ave. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No Record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No Record

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 77

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Merchant
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) unk

FATHER 13. NAME unk

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

MOTHER 15. MAIDEN NAME unk

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton, Mo. DATE August 17, 1939

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

20. FILED Aug 12 1939 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7.12.39, 1939 to 8.9.39, 1939

I last saw him alive on 8.8.39, 1939. Death is said to have occurred on the date stated above, at 8:30 m.

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

hepatitis, chronic Date of onset Don't know!
131

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) J. Murick, M. D.
Springfield, Mo. (Address)

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.....

Ralph Wein....., 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.

J