

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

OCT 20 1939

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

*Dr Busick*  
32448  
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 378  
 (b) Township 27 Primary Registration District No. 5439 Registered No. 683  
 (c) City SPRINGFIELD (d) Street No. Nichols Junction 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 2601 Joyce Mosher St.  (If nonresident, give city or town and State)  
Route 11, Springfield (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4, 1939</u>		
7. AGE	YEARS <u>✓ 0</u>	MONTHS <u>5</u>
	DAYS <u>0</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Child</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nichols Mo.</u>	
	13. NAME <u>Elmer Mosher</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Hazel Crawford</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Elmer Mosher Nichols, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wade Hill Cemetery</u> DATE <u>9-5</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Alma Schreyer Springfield, Mo.</u>		
20. FILED <u>Sept 15 1939</u> <u>Chas. George MD</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-4-39, 1939, to 9-4-, 1939  
 I last saw him alive on 9-4-39, 1939. Death is said to have occurred on the date stated above, at 6 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Congenital Syphilis Date of onset   
 Other contributory causes of importance: 34

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Blood 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) Dr. Busick, M. D.  
 (Address) Springfield, Mo.

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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.....  
*Chester George*....., Registered Apprentice No. *204*.....  
working under my personal supervision.

Signed *Lewis G. Scharpf*.....  
Licensed Embalmer No. *38102*.....  
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.