

Dr Fitch

REC'D NOV 14 1939

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

36130
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
(b) Township _____ Primary Registration District No. 5440
(c) City SPRINGFIELD (d) Street No. Route # 9 Registered No. 786
(If death occurred in Hospital or Institution, give 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. 512 Mary Louise Thompson St. Route 9 Registered No. RFD # 9
(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 Female 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 J. F. Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14, 1876

7. AGE YEARS 63 MONTHS 7 DAYS 11 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. In Home
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) Springfield, Mo

13. NAME George W. Barnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurieburg, Tenn.

15. MAIDEN NAME Kate Wunder

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

17. INFORMANT (ADDRESS) J. F. Thompson Route 9, City

18. BURIAL, CREMATION, OR REMOVAL PLACE Waywood DATE 9-26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alma Schreyer Springfield, Mo

20. FILED Oct 26, 1939 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1939, to 10/25, 1939
I last saw h. et alive on 10/24, 1939. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

Intentional Obstruction Date of onset 10/20/39
46
Other contributory causes of importance: Intentional Obstruction
Carcinoma of Larynx

Name of operation None Date of _____
What test confirmed diagnosis? X-R 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 _____, 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 _____

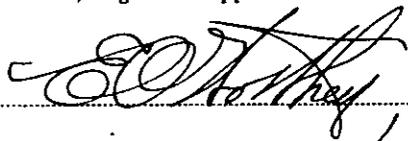
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Walter Fitch, M. D.
(Address) Springfield, Mo

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.

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. 1767

P. O. Address. Springfield

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