

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

39599
 Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 318
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 818
 (c) City SPRINGFIELD (d) Street No. 921 S Delaware 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 Roy Homer
 (a) Residence, No. 921 S Delaware 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Homer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 18, 1880
 7. AGE YEARS 59 MONTHS 9 DAYS 23 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. On Farm
 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) Greene County Mo
 13. NAME Jesse Homer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Mo
 15. MAIDEN NAME Ruth Parrott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County Mo
 17. INFORMANT (ADDRESS) Bessie Homer
931 S. Delaware City
 18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE Nov 13 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. H. ...
Springfield Mo
 20. FILED Nov 18 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1939
 22. I HEREBY CERTIFY, That I attended deceased from Many years, 19... to 11-11-, 1939
 I last saw him alive on 11-7-, 1939. Death is said to have occurred on the date stated above, at 10 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
(Had several attacks of Angina)
 Date of onset _____
 Other contributory causes of importance:
Arteriosclerosis
94 lb
 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? no
 If so, specify _____
 (Signed) Harriet Fogg, M. D.
 (Address) Springfield, Mo

510 W sodruff Bldg

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

X

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 *Wayne F. Hinkle*

Licensed Embalmer No. *3444*

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.