

DEC 15 1939

Registration District No. 278

Primary Registration District No. 2001

Registrar's No. 846

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME BILLY BOB LONG 578
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If _____ years
7. Birth date of deceased June 27 1939
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Gail Long
13. Birthplace Bourbon Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Willa Gail Weston
15. Birthplace Walnut Grove Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Malva Freeman
(b) Address 665 Nichols

17. (a) Burial (b) Date thereof Nov. 24 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn at Walnut

18. (a) Signature of funeral director F. C. Nieme
(b) Address Springfield, Mo. 65811

19. (a) 11-24-39 (b) Chas. G. George, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1907 N. Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd
year 1939 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from November 21, 1939, to Nov 22, 1939; that I last saw him alive on Nov 22, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Intussusception Duration 12 hrs
Due to _____
Due to 12 hrs
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations Intussusception
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Egra L. Conroy, Jr. (M. D. or other) _____
Address 518-19 Holland Bldg Date signed 11-29-39

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 *Ralph Thiem*.....

Licensed Embalmer No. *3681*.....

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.

X