

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

43397
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
 (b) Township SPRINGFIELD Primary Registration District No. 2001
 (c) City SPRINGFIELD (d) Street No. CITY HOSPITAL 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. 508 No. Newton St., St.
 (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 <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>infant</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>XXXXXXXXXX</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 19, 1939</u> | | |
| 7. AGE YEARS <u>no</u> | MONTHS <u>no</u> | DAYS <u>3</u> |
| If LESS than 1 day, hrs. or min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. <u>infant</u> | |
| | 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>Springfield Missouri</u> | |
| | 13. NAME <u>Curtis Fleetwood</u> | |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Douglas County Missouri</u> | |
| | 15. MAIDEN NAME <u>Pauline Bryant</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield Missouri</u> | |
| 17. INFORMANT <u>Curtis Fleetwood</u> (ADDRESS) <u>Springfield, Missouri.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hazelwood Cem.</u> DATE <u>Dec 23</u> , 19 <u>39</u> | | |
| 19. FUNERAL DIRECTOR (NAME) <u>H. H. Lohmeyer</u> (ADDRESS) <u>Springfield, Missouri.</u> | | |
| 20. FILED <u>12/23</u> , 19 <u>39</u> <u>Chas. A. George, M.D.</u> Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1939, to 12-22-39, 1939
 I last saw him alive on 12-22-39, 1939. Death is said to have occurred on the date stated above, at 1:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Central brain hemorrhage

Other contributory causes of importance:
160 lb

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) W. B. Smith, 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.....

P. O. Address.....

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.

X