

FILED FEB 13 1940

Registration District No. 312 Primary Registration District No. 2001

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution: 799 E. Elm  
(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

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. 799 E. Elm  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3  
year 1940 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him ~~in dead~~ <sup>alive</sup> on Jan 3, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to Anterior sclerosis  
Chronic Myocardiosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 5  
23. Signature R. H. White (M. D. or other) m. d.  
Address Lower Greene County Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Charles N. Rountree 536  
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 Married  
6. (b) Name of husband or wife Clara Rountree 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 27, 1872  
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Newton Rountree  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Gabrella Haden  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Rountree  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Jan. 7, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H. H. Lohmeyer  
(b) Address Springfield, Mo. 200

19. (a) 1/7/40 (b) Chas. H. George M. D.  
(Date received local registrar) (Registrar's signature)

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 comply with the above constitutes grounds for revocation of license.)**

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