

FILE FEB 16 1940

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

2346
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
(b) Township _____ Primary Registration District No. 2001 Registered No. 8
(c) City SPRINGFIELD (d) Street No. 212 W. McDaniel 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. 1137 E. Central 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 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 Isabell Friend
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1858
7. AGE YEARS 81 MONTHS 5 DAYS 6 IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. _____
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) Christian County, Mo.
FATHER 13. NAME Reese Friend 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
MOTHER 15. MAIDEN NAME McCarty 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT (ADDRESS) Clarena Friend Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Broomdown DATE 1-7-40
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alma Formeyer Springfield, Mo. 65806
20. FILED 1/5/40 1940 Chas. A. George Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1940
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on 1-3-40 Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis, Chronic Date of onset _____
Other contributory causes of importance: 93C
Senility
Name of operation _____ Date of _____
What test confirmed diagnosis? Chromail 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? _____
If so, specify _____ (Signed) R. H. White, M. D.
Greene Greene County
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 *Harlow Knab*

Licensed Embalmer No. *4065*

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.

X