DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6602

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 113

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: on Highway "66" East 12 miles
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Mxxx~~ Okla. (b) County Kiowa

(c) City or town Hobart, Oklahoma
(If outside city or town limits write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rachael F. VonTungeln 535

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife L. A. VonTungeln

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased October 31, 1907 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
7	32	3	1	hr. min.

9. Birthplace Lone Wolf, Oklahoma (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm. A. Campbell
13. Birthplace Pinckneyville, Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Florence Blanche Harding
15. Birthplace Carthage, Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant L. A. VonTungeln
(b) Address Hobart, Oklahoma

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Cerro Gordo, Illinois

18. (a) Signature of funeral director [signature]
(b) Address Springfield, Missouri

19. (a) 2/5/40 (Date received local registrar) (b) Chas A. George M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw her ~~alive~~ dead on Feb 3, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broken neck	
Fractured Rt Femur	
Due to Crushed Chest	
Multiple Contusions	
Due to Auto accident	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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) Accident
(b) Date of occurrence Feb 3 1940
(c) Where did injury occur? near Strafford (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway 66 Driving car (Specify type of place)
While at work? Collided with another auto (e) Means of injury Auto collision

23. Signature R Ned White (M. D. or other) M.D.
Address Cowner Greene County Date signed 2/5/40

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed M L Conaday

Licensed Embalmer No. 3434

P. O. Address Springfield, Missou

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

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