

*Bruton*

FILED MAR 12 1940

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. *318*

Primary Registration District No. *2001*

Registrar's No. *213*

1. PLACE OF DEATH:

(a) County *Greene*  
(b) City or town *Springfield, MO*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: *1086 E Central*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution *2* *Yes* (Specify whether)  
In this community *15* *Yes* (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. *1086 E Central St*  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? *do not know* years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Feb* day *29*  
year *1940* hour *1* minute *30 P* M.

21. I hereby certify that I attended the deceased from *Feb 28*  
*1940*, 19 to *Feb 29*, 19*40*  
that I last saw *him* alive on *Feb 28*, 19*40*  
and that death occurred on the date and hour stated above.

Immediate cause of death *Chronic Rheumatism*  
*Osteo arthritis*  
Duration *5 years*

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) *57 W*

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) \_\_\_\_\_  
(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 *J. S. Bruton* (M. D. or other) *M.D.*  
Address *Springfield MO* Date signed *3/1/40*

8. (a) PRINT FULL NAME *Robert Reilly 432*

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, *single*

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased *Unknown*  
(Month) (Day) (Year)

8. AGE: Years *58* Months *?* Days *?* If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace *Leipzic, Germany*  
(City, town, or county) (State or foreign country)

10. Usual occupation *Machinist*

11. Industry or business *Frisco Railroad*

12. Name *No Record*  
13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant *Mr. W. D. Dodson*

(b) Address *1086 E Central St*

17. (a) *Burial* (b) Date thereof *March 2, 1940*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Nazareth*

18. (a) Signature of funeral director *F. C. Thome*

(b) Address *1100 Beornville Ave 290*

19. (a) *3/1/40* (b) *Chas. D. George*  
(Date received local registrar) (Registrar's signature)

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

6675

**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.....

*R. H. Thomas*

Licensed Embalmer No. *3681*

P. O. Address *Greenfield*

**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