

Registration District No. 318

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2008 N. Nettleton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME John C. Means 570

3. (b) If veteran, name war World War. 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive _____ years
Jeanette Means

7. Birth date of deceased March 5 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 1 10 hr. _____ min.

9. Birthplace Willow Springs, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation W.P.A. Carpenter

11. Industry or business 0

MOTHER { 12. Name Firman Means 7

13. Birthplace Willow Springs Mo
(City, town, or county) (State or foreign country)

14. Maiden name Rose Hackley

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Jeanette Means,
(b) Address 2008 N. Nettleton, City.

17. (a) Burial (b) Date thereof 4-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield, Missouri.

19. (a) 4-17-40 (b) Dr. W. E. Naudler
(Date received local registrar) (Registrar's signature) RRE

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No. 2008 N. Nettleton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him dead alive on April 16, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage

Due to Hypertensive Cerebro-Vascular Disease

Due to _____

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?
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While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. M. White (M. D. or other) D
Address Greene County Date signed 4/16/40

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

Lloyd W. Giff

Licensed Embalmer No. *2910*

P. O. Address *629 W Walnut*

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.