No. 2
11-10-39
5-17-39
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JUN 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18447

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 471

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

1. PLACE OF DEATH: GREENE

(a) County

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

(c) Name of hospital or institution: 2212 N. SUMMITT AVE. (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)

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3. (a) PRINT FULL NAME WILLIAM M. UNDERWOOD

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 FRANCES L.

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

7. Birth date of deceased MARCH (Month) 29 (Day) 1873 (Year)

8. AGE: ✓ Years 67 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation GROCER

11. Industry or business IN OWN STORE

FATHER
12. Name MOSES UNDERWOOD
13. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name KATHERINE PAYNE
15. Birthplace UNKNOWN (City, town, or county) Unknown (State or foreign country)

16. (a) Informant MRS. FRANCES L. UNDERWOOD

(b) Address 2212 N. SUMMITT

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May 29 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Garden City, Mo

18. (a) Signature of funeral director G. O. Klingner & Co.

(b) Address SPRINGFIELD MO.

19. (a) May 28, 1940 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RJB

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. 2212 N. SUMMITT (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1940 hour 5 ~~50~~ minute 30 P M.

21. I hereby certify that I attended the deceased from At Various Times, 1940, to May 26, 1940; that I last saw him alive on 5/15, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hyper Tension

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy no

Duration

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? — none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? none (e) Means of injury

23. Signature S. F. Freeman (M. D. ~~or other~~)

Address Springfield Mo Date signed 5/27/40

(Licensed Embalmer's Statement on Reverse Side)

DEC 8 1948

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~~ Clyde Stone Jr., Registered Apprentice No. 232 working under my personal supervision.

Signed Warren D. Noblett

Licensed Embalmer No. 14005

P. O. Address Springfield Mo.

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

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