

REC'D JUL 15 1940

S. No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21749**
Registrar's No. **526**

Registration District No. **315** Primary Registration District No. **2001**

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **SPRINGFIELD**
(c) Name of hospital or institution: **Springfield Baptist Hospital**
(d) Length of stay: **5** In hospital or institution. (Specify whether years, months or days) **575**

8. (a) PRINT FULL NAME: **LONNIE HOUSTON VINCENT**
3. (b) If veteran, (497-2-4448) name war **S** (c) Social Security No. **None**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years
7. Birth date of deceased **Jan. 14 - 1882**
(Month) (Day) (Year)

8. AGE: Years **58** Months **5** Days **5** If less than one day **hr. min.**

9. Birthplace **Monroe Co. Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **FATHER**
12. Name **L. D. Vincent**
13. Birthplace **Unknown Tennessee**
14. Maiden name **Martha Jacobs**
15. Birthplace **Unknown Tennessee**

16. (a) Informant **Wilton L. Vincent**
(b) Address **Gasper, Mo.**

17. (a) **Burial** (b) Date thereof **June 21-1940**
(City, town, or county) (Month) (Day) (Year)
(c) Place: burial or cremation **2400 1/2 Cem. Golden City, Mo.**

18. (a) Signature of funeral director **E. A. Phillips**
(b) Address **Golden City, Mo.**

19. (a) **June 21, 1940** (b) **W. E. Haidley, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Barton**
(c) City or town **Golden City**
(d) Street No. **None**
(e) If foreign born, how long in U. S. A. **None** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **19**
year **1940** hour **4** minute **20** P. M.

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

Immediate cause of death: **Ruptured Kidney**
Fractured L. Thor. Vertebra
Due to **Shock**
Due to **None**

Other conditions: **Multiple abrasions**
(Include pregnancy within 3 months of death)
Major findings: **None**
Of operations: **None**
Of autopsy: **None**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **6/18/40**
(c) Where did injury occur? **Jasper Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes on Highway
While at work? **Yes** (Specify type of place) (e) Means of injury **Car wreck**

23. Signature **W. E. Haidley** (M. D. or other) **S**
Address **Springfield** Date signed **6/19/40**

(Licensed Embalmer's Statement on Reverse Side) **Covered Greene County**

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

39
3
6

S

Category of two cars

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.....

Licensed Embalmer No.....

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.