

7113 JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21774

State File No.

Registrar's No.

550

Registration District No. 318

Primary Registration District No. 2001

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: **BURGE**
(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

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. **1110 G. Scott**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Infant daughter of Mr. Mrs. ELMER FOSTER**
(b) If veteran, name war **None** (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **29** year **1940** hour **6** minute **30 P** M.

4. Sex **Female** 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 **June 29 1940**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 29** 1940, to **June 29** 1940; that I last saw her alive on **June 29** 1940; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 0 1 Hr min.
9. Birthplace **Springfield Mo.**
(City, town, or county) (State or foreign country)

Immediate cause of death **Prematurity (6 months)**
Due to **No known reason**
Due to _____

10. Usual occupation **At Home**
11. Industry or business _____
12. Name **Elmer Foster**
13. Birthplace **Unknown Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Foster**
15. Birthplace **Unknown Mo.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **154**

16. (a) Informant **Elmer Foster**
(b) Address **Springfield Mo.**
17. (a) **Final** (b) Date thereof **July 1-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Washburn**
18. (a) Signature of funeral director **W. E. Handley Co.**
(b) Address **Springfield Mo.**
19. (a) **July 1, 1940** (b) **W. E. Handley Mo.**
(Interceded local registrar) (Registrar's signature)

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? **984**
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **R. M. White** (M. D. or other) _____
Address **Springfield Mo.** Date signed **7/12/40**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

936

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.

W. E. Embalmer
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.