No. 2
11-10-39
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FILED JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Fitch 21788

State File No.

Registration District No. 318 Primary Registration District No. 5439 Registrar's No. 506

9

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

1. PLACE OF DEATH:

(a) County Greene N. Campbell - Mo

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

(c) Name of hospital or institution:
Route # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community
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. Route # 2
(If rural, give location)

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

3. (a) PRINT FULL NAME William J. Smith 530

3. (b) If veteran, name war no

3. (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 —

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

7. Birth date of deceased Jan. 14 1872
(Month) (Day) (Year)

8. AGE: Years ✓ 68 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Manchester (City, town, or county) New Hampshire (State or foreign country)

10. Usual occupation Iron Moulder 1

11. Industry or business 4

FATHER
12. Name John Smith 1
13. Birthplace Unknown (City, town, or county) Scotland (State or foreign country) 5

MOTHER
14. Maiden name Marie Larkin
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. J.J. O'Conner
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director H.H. Lohmeyer G114
(b) Address Springfield, Mo. 101

19. (a) June 10, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1940 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from Apr 15th, 1940 to June 7, 1940
that I last saw h. 1 m alive on MAY 2nd, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Nephritis	6 mo.
Due to 121	
Due to	
Other conditions Chr. Myocarditis (Include pregnancy within 3 months of death)	

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

23. Signature C. O. Max Fitch (M. D. or other) M.D.
Address Springfield Mo Date signed 6/8/40

(Licensed Embalmer's Statement on Reverse Side)

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 James Osborn, Registered Apprentice No. 227, working under my personal supervision.

Signed L. Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, Mo.

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.