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FILED AUG 9 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25189

Registration District No. 316 Primary Registration District No. 2001 Registrar's No. 581

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: St Johns Hospital 1 (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) 11 20

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. 2030 N Kellett (If rural, give location)

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

3. (a) PRINT FULL NAME FOREST W. VOYLES

3. (b) If veteran, name war No

3. (c) Social Security No. 491-03-0601

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife Maxine Voyles

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

7. Birth date of deceased Jan (Month) 5 (Day) 1914 (Year)

8. AGE: Years 26 Months 6 Days 8 If less than one day ... hr. ... min.

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

10. Usual occupation Painter (Frisco)

11. Industry or business "

FATHER
12. Name Jesse E Voyles
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Clara Livingston
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Jesse Voyles

(b) Address 2030 N Kellett

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Mo.

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield Mo

19. (a) 7-15-40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1940 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 18, 1940 to July 13, 1940; that I last saw him alive on July 13, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Liver Abscess Multiple

Due to Gangrenous Appendix complicated by Sys-

Due to Phlebitis

Other conditions Pancreatic Abscess (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

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? (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 E. L. Evans, Jr. (M. D. ~~or other~~)

Address 923 N. Main Date signed 7-13-40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed William Jay Rhod

Licensed Embalmer No. 4071

P. O. Address Springfie

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.

X