

FILED SEP 16 1940
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STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 710

Registration District No. _____

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield, Mo.

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

1816 E. Central 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Most of life.
years, months or days

3. (c) PRINT FULL NAME Robert Emmer Stearnes 365

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 Married

6. (b) Name of husband or wife Pearl Stearnes

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 29 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>57</u>	<u>3</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Painter

11. Industry or business _____

12. Name Henry E. Stearnes

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

14. Maiden name Sarah E. Davis
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Pearl Stearnes

(b) Address 1816 E. Central Springfield, Mo.

17. (a) Burial (b) Date thereof Aug 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

Richland (Cemetery)

(c) Place: burial or cremation Dunn Funeral Home

18. (a) Signature of funeral director _____

(b) Address Springfield, Mo.

19. (a) 8-28-1940 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

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. 1816 E. Central
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28,
 year 1940 hour nine minute 25 A.M.

21. I hereby certify that I attended the deceased from May 4 to Aug 25, 1940.
 that I last saw him alive on May 25, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Tongue
primary site

Due to _____

Due to _____

Other conditions 42
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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? at home

While at work? _____
(Specify type of place) (Specify means of injury)

Signature W. E. Handley (M. D. or other) _____

Address Springfield Date signed 8/29/40

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.....

Hayd W. Ford

Licensed Embalmer No. *2910*

P. O. Address.....

629 W. Walnut

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, fact should be so stated above.

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