

S. No. 2
4-13-40
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32007
Registrar's No. 719

Registration District No. 318 Primary Registration District No. 2001

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:
2522 W. Elm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) one year

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. 2522 W. Elm
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Elijah Bell Lister
3. (b) If veteran, name war SS-434-10-8681
3. (c) Social Security No. (None)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 2nd.
year 1940 hour about 8 minute P. M.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie Schmidt 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased September 13, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him in bed alive on Sept 3, 1940;
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 11 Days 19 If less than one day _____ hr. _____ min.

Immediate cause of death Toxic Green Poisoning
Due to Self ingestion
Due to _____
Other conditions Chronic alcoholism
(Include pregnancy within 3 months of death)

9. Birthplace Macon Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Printer (retired)
11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name Granville Lister
13. Birthplace Shelby County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary J. Faulkner
15. Birthplace Lanion Mo.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ray E. Lister
(b) Address 628 S. Campbell
17. (a) Burial (b) Date thereof 9-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence found dead 9/3/40, death supposed
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
984 (Specify type of place)
While at work? _____ (e) Means of injury none

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address Springfield, Mo.
19. (a) 9-4-1940 (b) W.E. Haudley
(Date received local registrar) (Registrar's signature)

Signature W. E. Haudley (M. D. or other) 5
Address Greene County Date signed 9/3/40

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

39
3
6

ts

to have occurred 9-2-40

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.....

..... 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, fact should be so stated above.