S. No. 2
—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32040

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 758

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: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Billings (If outside city or town limits, write "RURAL")

(d) Street No. ~~Billings, Mo~~ R#1 (If rural, give location)

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

3. (a) PRINT FULL NAME Unnamed

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 Sept (Month) 16 (Day) 1940 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	1 hr. min.

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

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Irving Miles
13. Birthplace Unknown (City, town, or county) S. Dakota (State or foreign country)

MOTHER
14. Maiden name Hazel Merritt
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

16. (a) Informant J R Evans

(b) Address Billings - Mo R#1

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

(c) Place: burial or cremation Delaware Cemetry

18. (a) Signature of funeral director T. W. Maples

(b) Address Clever Mo.

19. (a) Sept 17, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1940 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from 9/16/, 1940, to 9/16/, 1940; that I last saw him alive on 9/16/, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxia Neonatorum	½ hr
Due to Congenital deformities of skin, bones & chest	
~~Due to~~	
Other conditions Club feet (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 Durward G. Hall (M. D. or other)

Address 500 Holland Bldg Date signed 9/17/40

Springfield Mo

(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 not embalmed ~~by me, or by~~ .....

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

working under my personal supervision.

Signed J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.