

No. 2
12-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32059

State File No. _____

Registration District No. 918

Primary Registration District No. 2001

Registrar's No. 777

1. PLACE OF DEATH: **GREENE**
(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
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 806 N. Warren
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME OSCAR LEROY DEPRIEST

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 24th
year 1940 hour 11 minute _____ P.M.

3. (b) If veteran, name war no 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from 4 am 9/24/40
to 11 am 9/24, 1940
that I last saw h alive on 9/24/40
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Inf.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased: Sept. 24, 1940
(Month) (Day) (Year)

Immediate cause of death: Premature Birth
Duration _____

8. AGE: Years _____ Months 0 Days 0 If less than one day 6 hr. 20 min.

Due to _____
Due to 159

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

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

10. Usual occupation Infant

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Oscar & DePriest
13. Birthplace Unknown, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Charles Buckner
15. Birthplace Unknown, Kansas
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
Where of occurrence _____

16. (a) Informant Oscar & DePriest

(b) Date thereof Sept 25, 1940
(Month) (Day) (Year)

(b) Address 806 N. Warren

(c) Place: burial or cremation Liberty Cemetery

(c) Signature of funeral director _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

(b) Address Springfield, Mo.

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

(b) Address Springfield, Mo.

Address Springfield Date signed 9/24/40

19. (a) Sept 25, 1940 (Date received local registrar) (Registrar's signature) W.E. Handley

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

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.

No Embalming

.....
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.