

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 951

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:  
1118 N. Jefferson  
 (If not in hospital or institution, give street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days 7

3. (a) PRINT FULL NAME Jobe Painter  
 (b) If veteran, name war NO  
 (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Mary E Painter 6. (c) Age of husband or wife if alive Dec. years  
 7. Birth date of deceased June 18, 1876  
 (Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Engineer

11. Industry or business School System  
 12. Name James Painter  
 13. Birthplace Unknown Tenn.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Kelley  
 15. Birthplace Unknown Ireland  
 (City, town, or county) (State or foreign country)

16. (a) Informant Leslie Painter  
 (b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 11-27-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery  
 18. (a) Signature of funeral director Along Schumayer  
Springfield, Mo.  
 (b) Address \_\_\_\_\_

19. (a) 11-27-40 (b) W. E. Handley, Md.  
 (Date received local registrar) (Registrar's signature) Address 450 1/2 E. Canal

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. 1118 N. Jefferson  
 (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25  
 year 1940 hour 11:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Nov. 24, 1940 to Nov. 25, 1940  
 that I last saw him live on Nov. 25, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 days  
 Due to Ch. hypertensive cardiac  
vascular disease?  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
 2 days  
 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? \_\_\_\_\_

Signature Arthur Math (Specify type of place) \_\_\_\_\_  
 While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 Date signed 11-28-40

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

MOTHER FATHER

39  
3  
6

5

DEC 17 1940

**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

*Wayne Linkell*

Licensed Embalmer No.

*2444*

P. O. Address

*Springdale*

**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.

*X*