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4-13-40  
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. 42508

JAN 10 1941 318

Primary Registration District No. 2001

Registrar's No. 977A

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

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: Burge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community 1  
years, months or days)

3. (a) PRINT FULL NAME JOHN LOGAN DEATON

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

4. Sex male 5. Color of race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec 1865 years

7. Birth date of deceased Dec 20 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	74	11	14	hr. min.

9. Birthplace Unknown Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Rural Farmer

11. Industry or business Farming 9

12. Name Isaac Deaton 9

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Fred English

(b) Address Jefferson City Mo.

17. (a) Burial (b) Date thereof Dec 6 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of informant J. W. King

(b) Address Springfield Mo.

19. (a) 12-6-40 (Date received local registrar) (b) D. W. E. Handley (Registrar's signature)

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. 405 E. Commercial  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1940 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 1-40 to Dec 4 40  
that I last saw him alive on Dec 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis with extra systole and in Distal portion of chronic arterio sclerosis

Other conditions sclerosis  
(Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy ✓

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 work  
While at work? ✓ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
Signature W. H. Walsh (M. D. or other) \_\_\_\_\_  
Address Springfield Mo Date signed 11/5/40

Duration 2054  
Physician Unknown  
Underline the cause to which death should be charged statistically.

**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.....

*Warren D. Noblett*

Licensed Embalmer No.....

*4095*

P. O. Address.....

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

*y*