

S. No. 2  
4-13-40  
v. 5-17-39  
X23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14536  
Registrar's No. 3835

Registration District No. 318 Primary Registration District No. 2001

39  
2  
6  
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:  
214 W. Mt. Vernon  
(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 1

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Bois D'Arc  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Prior Lee Squibb  
(b) If veteran, name war Unknown  
(c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 10th  
year 1941 hour 11:00 A.M. minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Mary E. Squibb  
(c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased February 14, 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 1, 1941 to April 10, 1941  
that I last saw him alive on April 10, 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
1 81 1 26 hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis and Myocardial Degeneration.  
Due to Arteriosclerosis.  
Due to Disorientation with much excitement and physical exertion.

9. Birthplace Greene County, Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations None.  
Of autopsy None.

10. Usual occupation Farmer  
11. Industry or business On Farm

MOTHER FATHER {  
12. Name James Squibb  
13. Birthplace Unknown / Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Wallace  
15. Birthplace Unknown / Tennessee  
(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) NO.  
(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? \_\_\_\_\_

16. (a) Informant James Squibb  
(b) Address Bois D'Arc, Missouri  
17. (a) Burial (b) Date thereof 4/12/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Squibb Cemetery  
18. (a) Signature of funeral director Redfearn & Hoyal  
(b) Address Bois D'Arc, Missouri  
19. (a) 4-11-41 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Handley (M. D. or other) D  
Address 333 E. McDaniel St., Date signed 4-11-41  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**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 Harlow Knab

Licensed Embalmer No. 4065

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.**