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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 13 1941
MICHIGAN STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14546**
Registrar's No. **319**

Registration District No. _____ Primary Registration District No. **2001**

39
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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: **City Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day** (Specify whether years, months or days)
In this community **Life time** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charles David Tabor**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Child**

6. (b) Name of husband or wife **Child**
6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **Sept. 27 1936**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 6 17 hr. min.

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

10. Usual occupation **Child**

11. Industry or business _____

MOTHER FATHER
12. Name **Garry Tabor**
13. Birthplace **Unknown** **Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Ethel Vaughan**
15. Birthplace **Unknown** **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Garry Tabor**
(b) Address **1730 E. Atlantic, Springfield, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-16-41**
(Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Dunn Funeral Home**
(b) Address **629 W. Walnut St.**

19. (a) **4-16-41** (Date received local registrar)
(b) **W. E. Handley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **39**
(a) State **Mo.** (b) County **Greene**
(c) City or town **Springfield, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1720 E Atlantic ST.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4/14/41** day _____ year _____ hour **3PM** minute _____ M.

21. I hereby certify that I attended the deceased from **Feb 20** 19**41**, to **Apr 14** 19**41**; that I last saw him alive on **April 14** 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
General Toxemia -
Due to **Acute Peritonitis following leg injury, received from fall at home**
Due to **Varicella at onset of infection.**
Other conditions _____ (Include pregnancy within 3 months of death)
1865

Major findings: **Peritonitis thickened**
Of operations **thick pus found beneath periton**
Of autopsy **(right lung) extending 4 inches upward from knee.**

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) **accident**
(b) Date of occurrence **about Feb 17th 1941**
(c) Where did injury occur? **at home**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home and injured leg
While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature **W. E. Handley** (M. D. or other) _____
Address **Springfield, Mo.** Date signed **4-18-41**

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

Hoyd W. F. H.

Licensed Embalmer No.

2910

P. O. Address

629 W Walnut

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.

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