o. 2
13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17820

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 407

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: Springfield Baptist 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 Missouri (b) County Greene 39

(c) City or town Springfield 2 (If outside city or town limits, write "RURAL") 6

(d) Street No. 533 E. Delmar (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ben Sussman

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Sussman

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased May (Month) 15, (Day) 1889 (Year)

8. AGE: Years ✓ 52 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business Shoe Business

FATHER
12. Name William Sussman
13. Birthplace Unknown (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Rebecca Unknown
15. Birthplace Unknown (City, town, or county) Poland (State or foreign country)

16. (a) Informant Mrs. Eva Sussman

(b) Address 533 E. Delmar, City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/41 (Month) (Day) (Year)

(c) Place: burial or cremation Temple of Israel Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri 844

19. (a) 5-17-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th year 1941 hour 10:45 minute A.M.

21. I hereby certify that I attended the deceased from May 16, 1941, to —, 19__; that I last saw him alive on 8 am on 5/16, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Basal skull fracture	
Due to accident fell from ladder	
Due to while watching roof of store building being repaired	
Other conditions in Springfield, Mo. (Include pregnancy within 3 months of death)	
Major findings: Of operations	186
Of autopsy	34

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 May 16, 1941 1:30

(c) Where did injury occur? Springfield (City or town) Greene (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No store Springfield, Mo. (Specify type of place)

While at work? Inspecting repair (e) Means of injury a fall

23. Signature [signature] (M. D. or other) M.D.

Address 618 Woodruff Bldg. Date signed 5/21/41

(Licensed Embalmer's Statement on Reverse Side)

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 Hinkler

Licensed Embalmer No. 3444

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.