No. 2
-13-40
-17-39
X23159

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

FILED JUL 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21745

Registration District No. 318 Primary Registration District No. 5439 Registrar's No. 482

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield Rural N. Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route #11 Springfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Rural Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. ~~Springfield~~ Route #11
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME FRANK RILEY TEED
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Teed
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased December (Month) 14 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	5	27	hr. min.

9. Birthplace Des Moines (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Orfal Teed
13. Birthplace Unknown (City, town, or county) Michigan (State or foreign country)
MOTHER
14. Maiden name Adelia Francisco
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs Gertrude Kerner
(b) Address Springfield, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1941 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn
18. (a) Signature of funeral director Thieme Funeral Home
(b) Address Springfield, Mo
19. (a) 6-13-41 (Date received local registrar) (b) W. E. Handley Mo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th year 1941 hour 5:05 minute P M.
21. I hereby certify that I attended the deceased from 6/1st, 1940, to 6/11, 1941 that I last saw him alive on June 10, 1941; and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Heart Lesion Valvular
Due to Hyper Tension
Due to —
Other conditions N
(Include pregnancy within 3 months of death)
Major findings:
Of operations — none
Of autopsy — no

Duration

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) none
(b) Date of occurrence no
(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? (Specify type of place)
While at work? no (e) Means of injury
Signature P F Freeman (M. D. or other)
Address Springfield Date signed 6/12/41

(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 Self, Registered Apprentice No. ..... working under my personal supervision.

Signed R. H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Ma.

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

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