

No. 2
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223159

FILED AUG 29 1941

Registration District No. 318 Primary Registration District No. 2001

Registrar's No.

39
62
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: GREENE
(a) County
(b) City or town: Springfield
(c) Name of hospital or institution: Springfield Baptist Hospital
(d) Length of stay: In hospital or institution: 7 Hours
In this community: years, months or days

3. (a) PRINT FULL NAME: S.L. Reyfield, Jr
(b) If veteran, name war
(c) Social Security No.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: S-0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept. 5, 1922 (Month) (Day) (Year)

8. AGE: Years 18 Months 10 Days 25 If less than one day hr. min.

9. Birthplace: West Eminence, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Law Student

11. Industry or business

MOTHER FATHER { 12. Name: S.L. Reyfield
13. Birthplace: State of Texas (City, town, or county) (State or foreign country)
14. Maiden name: Anna Swiney
15. Birthplace: Rat, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: S.L. Reyfield
(b) Address: Eminence, Missouri

17. (a) (b) Date thereof: (Month) (Day) (Year)
(c) Place: burial or cremation: Bethany Chapel

18. (a) Signature of funeral director: Thomas R Burns
(b) Address: Willow Springs, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 101
(a) State: (b) County: 0
(c) City or town: (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.: 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from July 29, 1941, to July 29, 1941, that I last saw him alive on July 29, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Typhoid with perforation about July 25th with general peritonitis following

Duration 2 wk

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: 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) (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?

23. Signature: Guy Hallaway (M. D. or other) MD Address: Springfield MO Date signed: 7/29/41

RECEIVED

District Health Officer No. 5,

District File Number 8411842

Date Filed _____

NOV 12 1941

OCT 23 1941

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28285
Registrar's No. 622A

Registration District No. 318 Primary Registration District No. 2001

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: Sp. Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hrs
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shannon
(c) City or town Eminence
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME S. L. Payfield Jr.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July year 1941 hour 8 minute P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him _____, live on _____, and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Sept (Month) 5 (Day) 19 (Year)

Immediate cause of death _____
Duration _____

8. AGE: Years Months Days If less than one day min.
18 10 24 hr

Due to _____
Due to _____

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

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____
11. Industry or business _____

Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name _____
13. Birthplace Unknown Texas
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant _____
(b) Address _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof July 31, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

(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? _____ (e) Means of injury _____

18. (a) Signature of funeral director _____
(b) Address _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

19. (a) 11-1-41 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

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

SUPPLEMENTARY

NOV 11 1941

NOV 11 1941