. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34912

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 846

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 Hours (Specify whether years, months or days)

In this community 48 Hours

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")

(d) Street No. 614 E. Harrison 6 (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Infant Fleetwood

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race W.

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased October (Month) 19 (Day) 1941 (Year)

8. AGE: Years 0 | Months 0 | Days 2 | If less than one day hr. min.

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

10. Usual occupation Inf.

11. Industry or business

MOTHER FATHER

12. Name Etcyl Fleetwood

13. Birthplace Johnstown (City, town, or county) Neb. (State or foreign country) 1

14. Maiden name Wilma Kennemer

15. Birthplace Unknown (City, town, or county) Ill. (State or foreign country) 1

16. (a) Informant Mrs. Emma Kennemer

(b) Address Rt. 2, Box 103K, City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn (Cem.)

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield, Mo.

19. (a) 10-22-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

TOT (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from at birth, 19 to 10-19 1941; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchio following hard resuscitation from Caesarean birth

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 160C

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Garrett Hogg (M. D. or other) 41

Address Springfield Date signed 10-22-

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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Springfield, M

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

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