

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41380
Registrar's No. 1003

FILED JAN 21 1942
318

Registration District No. _____

Primary Registration District No. 5439

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: CO. T. B. HOSP. N
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. ABOUT 2 WEEKS
15 DAYS (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield Rural N Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25th
year 1941 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from 11-17-41
to 12-25 1941.
that I last saw him alive on 12-24 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration _____
Due to _____
Due to _____

Other conditions Tuberculosis of skin
(Include pregnancy within 3 months of death)
Abank's Onus
Major findings:
Of operations _____
Of autopsy None done
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature James R. Amos (M. D. or other) _____
Address Springfield, Mo. Date signed 12-27-41

3. (a) PRINT FULL NAME FRED J. MAYA B B

3. (b) If veteran, name war NONE 3. (c) Social Security No. 514-10-1456

4. Sex MALED 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased. June 18 1874
(Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Greene County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Salvage operator
Auto Salvage Dealer

11. Industry or business _____

12. Name J. B. Mayabb

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Green Baldwin

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

16. (a) Informant Cymett J. Mayabb

(b) Address Springfield, Mo.

17. (a) Funeral (b) Date thereof Dec 28-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yeakley Chapel Am

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield, Mo.

19. (a) Dec 27-1941 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

W. E. N (Licensed Embalmer) (Statement on Reverse Side)

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

MOTHER FATHER

6
0
0

X

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.....

Roy A. Laurie

Licensed Embalmer No. *1763*

P. O. Address *Springfield, Mo.*

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.