

FILED MAR 13 1942  
Registration District No. 318

Primary Registration District No. 5439

Registrar's No. 130

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

1. PLACE OF DEATH:

(a) County..... GREENE

(b) City or town..... Springfield Rural Campbell

(c) Name of hospital or institution.....  
(If outside city or town limits, write "RURAL" and name of township)  
CO. FARM R. F. & # 4

(d) Length of stay: In hospital or institution.....  
(If not in hospital or institution, write street number or location)  
4 WEEKS

In this community.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) County..... Greene 39

(b) City or town..... Springfield 2

(c) Street No..... 1922 Bonville Ave 9  
(If rural, give location)

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

3. (a) PRINT FULL NAME AMI W. NUTTLE

3. (b) If veteran, name war..... NONE

3. (c) Social Security No..... NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15  
year 1942 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from February 1st, 1942, to February 15, 1942, that I last saw him alive on 2-14-42, and that death occurred on the date and hour stated above.

4. Sex (MALE) 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 NOV. 6 1867  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Duration

8. AGE: Years 79 Months 3 Days 9 If less than one day hr. min.

Due to Cerebral Arteriosclerosis

9. Birthplace South Haven Indiana  
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation Carpenter

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Construction Work

12. Name James Nuttle 9

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

14. Maiden name Unknown

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

Major findings: Of operations 83a

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Florence Smith

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Feb 17 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

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?

18. (a) Signature of funeral director P. W. Kingner & Co

(b) Address Springfield, Mo.

19. (a) 2-17-42 (b) A. W. S. Handley  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury

23. Signature James R. Amos (M. D. pro tempore) D

Address Springfield Mo Date signed 2-16-42

**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 Delacruz*

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.**