

S. No. 2
A-1-4-41
v. 5-17-39
P-1 X26390

Dr. Johnson 6716
State File No. _____
Registrar's No. 127

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1942

Registration District No. 318 Primary Registration District No. 2001

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

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: St. John Hosp. A
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Hour
(Specify whether years, months or days)
 In this community 1 Hour

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 725 S. Pickwick
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Infant Son of Mr. Mrs. Tillman J. Sanders

MEDICAL CERTIFICATION

3. (b) If veteran, name war no 3. (c) Social Security No. no

20. DATE OF DEATH: Month Feb/ day 14
 year 1942 hour 9:00 minute am M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

21. I hereby certify that I attended the deceased from Feb 14
1942 to Feb 14 1942
 that I last saw him alive on Feb 14 1942
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

Immediate cause of death Prematurity Duration _____

7. Birth date of deceased Feb. 14 1942
(Month) (Day) (Year)

Due to Infarcted Placenta
Moderate Pyramic

8. AGE: Years	Months	Days	If less than one day,
<u>10</u>	<u>0</u>	<u>0</u>	<u>1</u> hr. <u>15</u> min.

Due to _____

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

Other conditions _____
(Include pregnancy within 8 months of death)

10. Usual occupation Eng

Major findings: 159

11. Industry or business _____

Of operations _____

12. Name Tillman Joe Sanders

Of autopsy _____

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

14. Maiden name Marydeane Niswonger

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

16. (a) Informant Tillman J. Sanders
 (b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Feb. 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

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) (b) Means of injury _____

23. Signature Joseph L. Shuster M.D. M. D. or other _____
 Address Springfield, Mo. Date signed 2/14/42

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.....

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.

This Body Not Embalmed
X