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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1942

Registration District No. 5318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10747

Primary Registration District No. 2001

Registrar's No. 245

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

39
2
6

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 1300 W. DIVISION ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community about 40 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 039

(c) City or town Springfield 2 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1300 W. Division
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME WILLIAM F. ARTHUR.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex O 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 June (Month) 20 (Day) 1861 (Year)

8. AGE: Years ✓ 80 Months 9 Days 6 If less than one day ✓ hr. min.

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

10. Usual occupation Retired Watchman

11. Industry or business Foundry

FATHER
12. Name John J. Arthur
13. Birthplace Unkown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Susan Malone
15. Birthplace Unkown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs Myrl Mercer
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.

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

19. (a) 2-28-42 (Date received local registrar) (b) D. W. G. Hand Ly (Registrar's signature) 784

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1942 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from 3/26, 1942 to 3/26, 1942 that I last saw h 1m alive on 3/26, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	10-12 hr.
Due to Cardio-Vascular-Renal Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

1310

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 C. T. Max Fitel (M. D. or other) M.D.
Address Springfield Mo Date signed 3/27/42

(Li... Statement on Reverse Side)

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. Barr

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.