

FILED APR 3 1942

State File No. _____

Registration District No. 310

Primary Registration District No. 2001

Registrar's No. 244

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

739
2
6

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (Ct.)
(c) Name of hospital or institution:
215 E. Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 7 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 039
(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 215 E. Grand 6
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leslie E. Sourbeer
(b) If veteran, name war Unknown
(c) Social Security Unknown
2491-03-630

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 26th
year 1942 hour 2:25 minute _____ A. M.

4. Sex Male 5. Color of race White
6. (a) Single, widowed, divorced, Married
(b) Name of husband or wife Lena M. Sourbeer
(c) Age of husband or wife if alive, years Unknown
7. Birth date of deceased March 2, 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 27 1940 to March 26 1942
that I last saw him alive on March 25 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>52</u>	<u>0</u>	<u>24</u>	_____ hr. _____ min.

Immediate cause of death Myocardial Failure
Due to Coronary Thrombosis
Duration 48 hrs
21 Mo.

9. Birthplace St. Louis, 0 Missouri
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 8 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation Druggist
11. Industry or business Drug Company

MOTHER FATHER
12. Name William Sourbeer
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Alma (Unknown)
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lena M. Sourbeer 1

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? _____

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 3/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

23. Signature _____ (M. D. or other)
Address Springfield, Mo Date signed 3/27/42

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 3-28-42 (b) S. W. Henderson
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work _____ Means of injury _____
Date signed 3/27/42

W.G.N. (Licensed Embalmer's 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

Wayne Hinkle

Licensed Embalmer No.

3444

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.