

Dr. Farthing 14815
314

Registration District No. 218

Primary Registration District No. 2001

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:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community Several weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31
(c) City or town Lock Springs
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Glee Hale Bell

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased December 10, 1920
(Month) (Day) (Year)

8. AGE: Years 21 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business Trucking

12. Name Elmer Bell
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Gladys Underwood
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Bell
(b) Address Lock Springs, Missouri

17. (a) Burial (b) Date thereof April 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hatfield, Missouri
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 4-25-42 (b) W. J. Sandberg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1942 hour 7:25 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 11, 1942 to April 23, 1942
that I last saw him alive on April 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Injury (Toxic) Duration 12 days
Due to Carbon monoxide poisoning and Heat stroke
Due to _____

Other conditions (Include pregnancy within 3 months of death) 178C
Major findings: Of operations 14

Of autopsy Local necrosis and petechial hemorrhages corpus striatum

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident O31
(b) Date of occurrence night of April 10, Morning April 11, 1942
(c) Where did injury occur? Near Springfield Central Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? _____ (c) Means of injury gas inhalation about hot room
23. Signature Gene W. Farthing MD (M. D. or other) MD
Address 600 MED ARTS Bldg Date signed 4-25-42

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

MOTHER FATHER

FP

984

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. 17672

P. O. Address Springfield

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.

+