

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 513

1. PLACE OF DEATH: **GREENE**
 (a) County SPRINGFIELD
 (b) City or town SPRINGFIELD
 (c) Name of hospital or institution: St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: 60 YR. In hospital or institution (Specify whether years, months or days)

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. 1204 W. Thoman (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME: JAMES M. DAY
 3. (b) If veteran, name war: NO
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 10 year 1942 hour 9:45 minute P.M.
 21. I hereby certify that I attended the deceased from July 4 1942 to July 10 1942
 that I last saw him alive on July 10 1942
 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: widowed
 6. (b) Name of husband or wife: Unknown
 6. (c) Age of husband or wife if alive: 7 years 1868

Immediate cause of death: Chronic myo carditis + chronic nephritis
 Due to: Senility

7. Birth date of deceased: April (Month) 7 (Day) 1868 (Year)
 8. AGE: 80 Years 3 Months 3 Days If less than one day hr. min.

Due to: _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

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

10. Usual occupation: Retired last 20 years
 11. Industry or business: High road Bealeman

Major findings: _____
 Of operations: _____
 Of autopsy: _____
 PHYSICIAN: _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name: Unknown
 13. Birthplace: Unknown (City, town, or county) (State or foreign country)
 14. Maiden name: Unknown
 15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mary Graves
 (b) Address: Springfield, Missouri
 17. (a) Burial (b) Date thereof: 7-12-42 (Month) (Day) (Year)
 (c) Place: burial or cremation: Springfield Cemetery

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)
 Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director: J. W. Plummer
 (b) Address: Springfield, Missouri
 19. (a) July 10, 1942 (Date received by local registrar) G. W. Handley (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature: W. Plummer (M. D. or other) _____
 Address: Springfield Mo. Date signed: 7-11-42

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

39
5
0

39
3
6
0

1312

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.