

No. 2
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X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 14 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No.

24345

Registrar's No.

515

39
2
6
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:
746 College St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Several Years** (Specify whether)
In this community _____
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. **746 College**
N 6 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Ernst Lynnwood Saunders**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **799-111-1000**

20. DATE OF DEATH: Month **July** day **10** th year **1942** hour **8.30** minute **a** M.

21. I hereby certify that I attended the deceased from **June 10**, 19**42** to **July 10**, 19**42**; that I last saw him alive on **July 9**, 19**42**; and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Irène Saunders** 6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **March 18** (Month) **1883** (Day) (Year)

Immediate cause of death **Tabes Dorsalis** Duration **4 yrs.**
Due to **Syphilis** Indefinite

8. AGE: Years **59** Months **3** Days **22** hr. min.

9. Birthplace **Schell City MO** (City, town, or county) (State or foreign country)

10. Usual occupation **Ry. R. Brakman**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
MOTHER FATHER { 12. Name **A. L. Saunders**
13. Birthplace **Unknown MO** (City, town, or county) (State or foreign country)
14. Maiden name **Lida Alexander** (State or foreign country)
15. Birthplace **Unknown MO** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Lewis A. Saunders** (b) Address **768 Mt. Vernon Vernon**

17. (a) Date of death **July 12, 1942** (b) Date of burial, cremation, or removal **July 12, 1942** (c) Place: burial or cremation **Greenlawn 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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **Springfield MO** (b) Address _____

23. Signature **Lettie B. Webb** M. D. or other _____
Address **Springfield, Missouri** Date signed **7/11/42**

19. (a) Date received local registrar **July 11, 1942** (b) Registrar's signature **D. W. Saunders**

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 *Lawrence L. Hall*

Licensed Embalmer No. *2784*

P. O. Address *Spencerfield, m*

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.

X