

FILED AUG 14 1942 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 558

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:  
O'Reilly General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 16 days  
In this community 16 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Cook  
(c) City or town La Grange (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 47th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NICHOLAS (NONE) SUPER

3. (b) If veteran, name war World War No 2  
3. (c) Social Security No. 324-12-9057

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Super  
6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased September 18, 1914  
(Month) (Day) (Year)

8. AGE: Years 27 Months 10 Days 11  
If less than one day hr. min.

9. Birthplace Bedford Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown Yugoslavia  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Yugoslavia  
(City, town, or county) (State or foreign country)

16. (a) Informant W.D., A.G.O. Forms #20 and #24

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof July 31, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Illinois

18. (a) Signature of funeral director John W. Lewis

(b) Address Springfield, Mo.

19. (a) July 31, 1942 (b) John W. Lewis  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1942 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 14, 1942 to July 29, 1942;  
that I last saw h. im alive on July 29, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic, far advanced, lungs, bilateral

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Pneumothorax, spontaneous, left pleural space.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Confirmation of above diagnoses.

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 John W. Lewis, Capt., MC  
Address O'Reilly Gen. Hosp., Springfield, Missouri  
Date signed 7/30/42

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

39  
26

1.64

484

(Licensed Embalmer's Statement on Reverse Side)

X

AUG 15 1907

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**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..... *R. H. Greene*.....

Licensed Embalmer No. *3681*.....

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.**