

1. PLACE OF DEATH: **GREENE**

(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: **735 S. JEFFERSON No. 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **88 yr** (Specify whether years, months or days)

In this community **88 yr**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**

(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")

(d) Street No. **524 BOONVILLE AVE.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **R. GRANVILLE WILKINSON**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16th** year **1942** hour **1** minute **30 P.** M.

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married. **Divorced**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **Unknown**

7. Birth date of deceased: **Jan. 27 1854**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **February** 19**42** to **7-16-** 19**42** that I last saw him alive on **7-15-** 19**42** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	88	5	19	hr. min.

Immediate cause of death: **Myocardial infarction, chronic**

Due to **Arteriosclerosis, generalized Semility**

Due to.....

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

10. Usual occupation **RETIRED MERCHANT**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **None**

Of operations.....

Of autopsy.....

11. Industry or business **MERCHANDISING**

12. Name **Unknown**

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

14. Maiden name **Unknown UNKNOWN**
(City, town, or county) (State or foreign country)

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

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?

16. (a) Informant **MRS. Chester Hughes**

(b) Address **Springfield Mo.**

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

(c) Place: burial or cremation **East Lawn Cem.**

18. (a) Signature of funeral director **J. W. Klingner**

(b) Address **Springfield, Mo.**

19. (a) **July 17, 1942** (Date received local registrar) (b) **W. H. Handley** (Registrar's signature)

23. Signature **Herbert Wakeman** (M. D. or other) **7-16-42**
Date signed

While at work (Specify type of place) (c) Means of injury **0**

Address **Springfield, Mo.**

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

39
2
6

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

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.