S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27160

State File No.

FILED SEP 14 1942 128

Registration District No. ~~318~~

Primary Registration District No. 2000

Registrar's No. 634

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 City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 26 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 866 N. Campbell
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME William H. Gubernator

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Single O

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Unknown (Month) (Day) 1864 (Year)

8. AGE About 78 Years | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Pana (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Frisco R.R.

FATHER
12. Name George Gubernator
13. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Anna Noel
15. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mrs. Caroline Suedel
(b) Address Bunker Hill, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 8-29-42 (Date received local registrar) (b) Dr W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 year 1942 hour 6 minute p. M.

21. I hereby certify that I attended the deceased from August 21, 1942 to August 27, 1942 that I last saw him alive on August 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Labar pneumonia — Duration 1 week

Due to 46 p

Due to

Other conditions Carcinoma
(Include pregnancy within 3 months of death)
stomach.

Major findings:
Of operations

Of autopsy Labar pneumonia
Ca. stomach, Gallstones

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 O

23. Signature Robt Vineyard (M. D. or other)
Address Springfield Mo Date signed 8-29-42

984 (Licensed Embalmer's Statement on Reverse Side)

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.