

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33721

State File No. _____

Registrar's No. 746

FILED NOV 12 1942

Registration District No. 318

Primary Registration District No. 2000

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 Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Ar William Corbett Hand

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Mrs Mary Hand

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

7. Birth date of deceased: (Month) Oct (Day) 17 (Year) 1900

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>11</u>	<u>29</u>	hr. min.

9. Birthplace Rogersville, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Arnos Hand

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Mary Hand

(b) Address Rogersville, Mo

17. (a) Burial (b) Date thereof Oct 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell, Mo

18. (a) Signature of funeral director Kelly-Jennell

(b) Address Rogersville, Mo

19. (a) 10-17-42 (b) W. W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Webster

(a) State Missouri (b) County Greene

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

(d) Street No. Rural R. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1942 hour 2 minute 05 A. M.

21. I hereby certify that I attended the deceased from Oct 11, 1942, to Oct 16, 1942, that I last saw him alive on Oct 16, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction

Due to Valvular Infection of 12 inches ileum

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

Major findings: Of operations None

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury None

23. Signature W. W. Handley (M. D. or other) MD

Address Springfield, Mo Date signed 10/21/42

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

H. K. Kelley

Licensed Embalmer No.

3334

P. O. Address

Seymour

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