

FILED DEC 5 1942
318

Registration District No. _____ Primary Registration District No. 2000

Registrar's No. 798

39
2
6

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

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: City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **39**

(a) State Missouri (b) County Greene **3**

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

(d) Street No. 814 E. Commercial
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Benny Earl Ross

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th
year 1942 hour 10 minute P. M.

3. (b) If veteran, name war Infant 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Nov. 5/42
to Nov. 6/42, 1942
that I last saw him alive on Nov. 6/42, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White

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

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

7. Birth date of deceased November 5, 1942
(Month) (Day) (Year)

Immediate cause of death Premature - 6 1/2 Mos

8. AGE: Years Months Days If less than one day
0 0 1 hr. min.

Due to _____

Due to _____

9. Birthplace Springfield, Missouri 0
(City, town, or county) (State or foreign country)

Other conditions 19
(Include pregnancy within 3 months of death)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name Benjamin F. Ross

13. Birthplace Springfield, Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Lola Wellington

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Benjamin F. Ross

(b) Address Springfield, Missouri

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? _____

17. (a) Burial (b) Date thereof 11/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
Springfield, Missouri

(b) Address _____

While at work? _____ (Specify type of place)

(*) Means of injury _____

19. (a) 11-7-42 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Handley (M. D. or other)
Address Springfield Date signed 11/7/42

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.

Not Embalmed
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.