

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED MAR 12 1943
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 143

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: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: 8 1/2 hours
In this community 13 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 642 South Roberson
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13
year 1943 hour 8:15 minute P M.
21. I hereby certify that I attended the deceased from Jan 2-13, 1943 to Feb 2-13, 1943
that I last saw h.w. alive on 2-13-43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure due to pneumonia
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature Edgar L. Engel (M. D. or other) _____
Address 1011 South Roberson Date signed 2-15-43

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

3. (a) PRINT FULL NAME Marilyn Troyer

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Feb 12, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 12 hr. 45 min.

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

10. Usual occupation Infant in home

11. Industry or business _____

12. Name Sylvanus M. Troyer

13. Birthplace Holmes Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Marie Lucille Parsons

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

16. (a) Informant Sylvanus M. Troyer

(b) Address 642 South Roberson, Springfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16 1943
(Month) (Day) (Year)

(c) Place: burial or cremation National Cvelery

18. (a) Signature of funeral director Klingner & Co

(b) Address Springfield Mo.

19. (a) 2-16-43 (Date received local registrar) (b) E. W. Handley (Registrar's signature)

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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 _____

Licensed Embalmer No. *4071*

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.