Dr. Hogg

10222

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registrar's No. 207

Primary Registration District No. 2000

FILED MAR 26 1943

128 ~~318~~

Registrar's District No. .....

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: 812 N. Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 50 Years (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.: 812 N. Benton (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

39 2 6

3. (a) PRINT FULL NAME: Vance Curtis Criss
3. (b) If veteran, name war: World War # 1
3. (c) Social Security No.: no
4. Sex: Male
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. (Month) 11 (Day) 1884 (Year)
8. AGE: Years ✓ 59 Months 0 Days 25 If less than one day ..... hr. ..... min.
9. Birthplace: Belton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: News paper man & Writer
11. Industry or business: .....
12. Name (Father): Rev. Curtis V. Criss
13. Birthplace (Father): Washington (City, town, or county) Pennsylvania (State or foreign country)
14. Maiden name (Mother): Mary Alice Told
15. Birthplace (Mother): Tuskrusa County (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant: Miss Mary Criss
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 8, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 3-8-43 (Date received local registrar) (b) W. Hundley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1943 hour about 3 minute P M.
21. I hereby certify that I attended the deceased from Dec 2 3-4-43 to 3-5-43, 19..., 19..., that I last saw him alive on 3-5-43, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Diabetes mellitus	

Major findings:
Of operations: G.H.D.
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: Garrett Hogg (M. D. or other)
Address: Springfield Mo. Date signed 3-8-43

(Licensed Embalmer's Statement on Reverse Side)

APR 12 19
APR 23

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.