

No. 4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17833

FILED JUN 7 1943
Registration District No. 928

Primary Registration District No. 5466

State File No. _____

Registrar's No. _____

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: Osark Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Garrison - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1943 hour 1:45 minute 45 AM.
21. I hereby certify that I attended the deceased from May 28
_____ 1943 to May 30 1943
that I last saw him alive on May 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death uremia
Due to 1st + 2nd degree burns of lower 1/3 of torso
Due to legs down to ankles.
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 022
(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 William J. Hall (M.D. or other) _____
Address Springfield Mo. Date signed 6/1/43

3. (a) PRINT FULL NAME Marlin Eudell Case
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or Race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 21 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 4 9 hr. min.

9. Birthplace Brookleyville, Taney Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name G.T. Case
13. Birthplace Garrison, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Walter Alexander
15. Birthplace Garrison, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant G.T. Case
(b) Address Garrison, Mo

17. (a) Garrison (b) Date thereof 5-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garrison, Mo

18. (a) Signature of funeral director John Harris
(b) Address Chadwick, Mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 128

Primary Registration District No. 54576

Registrar's No. 442A

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: York Osteopathic Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Martin Eudell Case

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 2
(Month) (Day) (Year)

8. AGE: Years 24 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name S. T. Case

13. Birthplace Garrison, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Waldo, Alexander

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

16. (a) Informant S. T. Case

(b) Address Garrison, Mo.

17. (a) _____ (b) Date thereof 5-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garrison, Mo.

18. (a) Signature of funeral director John Harris
(b) Address Chadwick, Mo.

19. (a) 6-15-43 (b) W. S. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian
(c) City or town Garrison - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death uremia

Duration _____

Due to 1st & 2nd degree burn of lower 2/3 of both legs
Due to down to death

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

PHYSICIAN _____

Major findings: Of operations _____
Of autopsy _____

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) Accident

(b) Date of occurrence May 28, 1943

(c) Where did injury occur? Garrison Christian Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home

While at work? No (Specify type of place) (e) Means of injury Hot water

23. Signature William Wetzels M. D. or other _____
Address Springfield, Mo Date signed 6-1-43

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

SUPPLEMENTAL

MOTHER FATHER

S-17833