

S. No. 2
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5-17-39
PI X29252

21386

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 28 1943

Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 481

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

39
2
6

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 HOSP.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

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

(d) Street No. 2224 Jaylor
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BEN. STIVER

3. (b) If veteran, name war NONE

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1943 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from Mar. 15 1943 to June 17 1943
that I last saw him alive on 6-17 1943
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MAGGIE STIVER

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 30 1887
(Month) (Day) (Year)

Immediate cause of death Sarcoma of R. hip
pos. 6 mcs

Duration _____

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>56</u> | <u>1</u> | <u>11</u> | hr. _____ min. _____ |

Due to _____

Due to Old burn scar possibly 12 yrs

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

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

10. Usual occupation Baker

11. Industry or business Pie Shop

12. Name Isaac N. Stiver

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

14. Maiden name Grant Lewis

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

16. (a) Informant Mrs. Mabel Eckman

(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof June 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of general director J. W. Hingner

(b) Address Springfield Mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: 55f

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 _____

(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 P. E. Feller (M. D. of _____)

Address Springfield Mo. Date signed 6/11/43

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.....

J. B. Klingner

Licensed Embalmer No.....

3358

P. O. Address.....

Springfield, Mo.

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.

J