

FILED JUN 28 1943

State File No.

Registration District No.

Primary Registration District No. 2000

Registrar's No. 493

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: 526 E. Madison /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 77 Years
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. 526 E. Madison
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1943 hour 10 minute 27 P. M.

21. I hereby certify that I attended the decedent from July 13 1943 to June 15 1943
and that I last saw him alive on June 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to Diabetes Mellitus

Due to _____

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

Major findings: _____
Of operations: 61

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 [Signature] (M. D. MD)

Address 318 1/2 College Date signed 6/16/43

3. (a) PRINT FULL NAME Franklin Ervin Tisdell

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

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

6. (b) Name of husband or wife Minnie Tisdell 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased June 7 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name John Ervin Tisdell

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

14. Maiden name Jennie Orenshaw

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

16. (a) Informant Lee Tisdell

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof June 17, 1943
(Burial, cremation, or removal) (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) 6-17-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

39
2
6

39

6

9

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

976

X

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. *2451*

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.