

S. No. 2
M-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24997**
Registrar's No. **534**

JUL 24 1943

Registration District No. **378 128**

Primary Registration District No. **2000**

1. PLACE OF DEATH: **GREENE**
(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: **147 S. Main**
(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. **747 S. Main**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Robert W. Tatum**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **unk.** 3. (c) Social Security No. **none**

20. DATE OF DEATH: Month **July** day **3rd.**
year **1943** hour **6:00** minute _____ P. M.

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

21. I hereby certify that I attended the deceased from **6, 10, 1943** to **7, 3, 1943**
that I last saw him alive on **7, 1, 1943**
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **unk.** 6. (c) Age of husband or wife if alive **unk.** years
7. Birth date of deceased **Feb. 14 1865**
(Month) (Day) (Year)

Immediate cause of death **Coronary thrombosis** Duration **1 mo.**

8. AGE: Years **78** Months **4** Days **19** If less than one day _____ hr. _____ min.

Due to _____
Due to **940**

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Farmer**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name **unk. Tatum**
13. Birthplace **unk. unk. 9**
(City, town, or county) (State or foreign country)
14. Maiden name **unk.**
15. Birthplace **unk. unk. 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Will Tatum**
(b) Address **Springfield, Mo.**

Major findings: Of operations _____
Of autopsy _____

17. (a) **Burial** (b) Date thereof **July 6, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Eastlawn Cemetery**

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? _____

18. (a) Signature of funeral director **Alma Lohmeyer**
(b) Address **534 St. Louis Spd, Mo.**
19. (a) **7-9-43** (b) **Dr. W. S. P. Haulley**
(Date received local registrar) (Registrar's signature)

23. Signature **J. J. Mack** (M. D. or other) _____
Address **Springfield, Mo.** Date signed **7, 7, 43**

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

19
2
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984

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 HARLOW KNABB
Licensed Embalmer No. 4065
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.

X