

No. 2
5-47
17-30
X32273

Registration District No. 42 Primary Registration District No. 1002 Registrar's No. 970

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Springfield
(c) Name of hospital or institution: Swissvale Dispensary
(d) Length of stay: 1 1/2 days
In this community 1 1/2 days years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Worth #13
(c) City or town Grant City
(d) Street No. Grant City, Mo.
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME John Allen Lubinger
3. (b) If veteran name war 1
3. (c) Social Security No. 1

4. Sex M 5. Color or race O
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased June 21 1938
(Month) (Day) (Year)

8. AGE: Years 5 Months 2 Days 7
If less than one day hr. min.

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

10. Usual occupation

11. Industry or business
12. Name James Lubinger
13. Birthplace Blackstone Mo
(City, town, or county) (State or foreign country)
14. Maiden name Edith Lubinger
15. Birthplace Grant City Mo
(City, town, or county) (State or foreign country)

16. (a) Informant James Lubinger
(b) Address Grant City Mo

17. (a) Burial (b) Date thereof 8/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation To Grant City Mo

18. (a) Signature of funeral director J. J. Trumble
(b) Address Grant City Mo

19. (a) 8/27/43 (b) Rose Stegoy
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year 1943 hour 11:50 minute P.M.
21. I hereby certify that I attended the deceased from 8-27, 1943 to 8-27, 1943
that I last saw him alive on 8-27-43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute anterior Poliomyelitis
Duration 3 days

Due to
Due to
Other conditions none
(Include pregnancy within 3 months of death) 36

Major findings:
Of operations
Of autopsy none

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 E. M. Shores (M. D. or other) M.D.
Address 317 Kirkpatrick Bldg Date signed 8-28-43

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 Josh C Dumble
Licensed Embalmer No. 31252
P. O. Address Hunt City, W

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept.
Registrar's No. _____

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sunnyslope Isolation 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)

3. (a) PRINT FULL NAME John Allen Supinger
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race White 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 21 (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Mo.

18. (a) Signature of funeral director A.C. Dumper

(b) Address Grant City, Mo.

19. (a) 8/27/43 (b) Rose Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____ day _____
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

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

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 _____
(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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

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

27774