

No. 2  
4-13-40  
-17-39  
K231

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28296

State File No. \_\_\_\_\_

Registrar's No. 688

Registration District No. 348-128

Primary Registration District No. 2000

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

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 2133 No BENTON  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether 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. 2133 N. BENTON  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME DELMAR CLIFFORD TARVIN

3. (b) If veteran, name war NONE

3. (c) Social Security No. 581-30-1361

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ETHEL TARVIN

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

7. Birth date of deceased JULY 30 1881  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>0</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Storekeeper

11. Industry or business at Air Base

12. Name Elisha C. Tarvin

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

14. Maiden name Christy Johnston

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

16. (a) Informant Sidney Jarvin

(b) Address SPRINGFIELD MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation MUNCIE CHAPEL

18. (a) Signature of funeral director J.W. Kingner Co.

(b) Address SPRINGFIELD MO.

19. (a) 8-24-43 (Date received local registrar) (b) S.W. Hendry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 22, year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-9-43, 19\_\_\_\_, to 8-22-43, 19\_\_\_\_; that I last saw him alive on 8-9-43, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Cervical Lymphadenitis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 3-4 mos

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 0

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Springfield, Mo. Date signed 8-22-43

FEB 20 1945

**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.....

*Max Rhodes*

Licensed Embalmer No.....

*4071*

P. O. Address.....

*Springfield*

**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.**