

FILED AUG 23 1943

State File No. _____

Registration District No. 58728

Primary Registration District No. 2000

Registrar's No. 645

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 510 W. MAIN ST. /
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Greene 39

(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. 510 W. Main Union St.
(If rural, give location)

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

3. (a) PRINT FULL NAME ALVAN MADISON TRANHAM

3. (b) If veteran, name war no 3. (c) Social Security No. 491-03-158

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife BERTHA V TRANHAM 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased Mar 12 1909
(Month) (Day) (Year)

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

34 4 27 hr. min.

9. Birthplace Springfield MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation Box Dealer

11. Industry or business Tof Room

12. Name James Andrew Tranham

13. Birthplace Oregon co. MO 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary Isabel Cousins

15. Birthplace Mattoon Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha V Tranham

(b) Address Springfield MO

17. (a) Buried (b) Date thereof Aug 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director J W Phogren et al

(b) Address Springfield MO

19. (a) 8-10-43 (b) W J Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1943 hour 14:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 8-19-1943 to 8-9-1943 that I last saw him alive on Deced when arrived 1943 and that death occurred on the date and hour stated above.

Immediate cause of death enlarged heart Duration short

Due to salvular heart disease known

Other conditions (Include pregnancy within 3 months of death) 92d

Major findings: Of operations _____

Of autopsy _____

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 W J Handley (M. D. or other) _____

Address Springfield MO Date signed 8-9-43

AUG 23 1943

SEP 7 1943

DEC 13 1943

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.

X