

FILED JAN 10 1944
Registration District No. ~~388~~ 128

Primary Registration District No. 200D

Registrar's No. 1053

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 Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Greene
(c) City or town Rural, N. Campbell Twp. P. D. # 4
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 4
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1943 hour 11 minute 20 A. M.
21. I hereby certify that I attended the deceased from 12-17, 1943, to 12-23, 1943

that I last saw him alive on 12-23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia
Duration 24 hours

Due to _____
Due to _____

Other conditions Prophyl Intestinal
(Include emergency within 3 months of death)
obstruction

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)
(a) Means of injury _____
23. Signature Maxwell (M. D. or other) MD
Address Springfield Mo Date signed 12-24-43

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

3. (a) PRINT FULL NAME Roxey E. Sybolt, Jr.
(b) If veteran, name war NONE (c) Social Security No. NONE

4. Sex MALE Color or race W
5. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None (c) Age of husband or wife if alive 43 years
7. Birth date of deceased July 24 1927
(Month) (Day) (Year)

8. AGE: Years 16 Months 4 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation School boy

11. Industry or business In school

12. Name Mr. Toxic Ellis Sybolt

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

14. Maiden name Abby Beekerdite

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

16. (a) Informant Mr. John Nuckey

(b) Address Springfield Mo. Route 4

17. (a) Burial (b) Date thereof Dec 26 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J. W. Kingmerl Co.
(b) Address Springfield Mo.

19. (a) 12-24-43 (b) W. S. Handley
(Date received local registrar) (Registrar's signature)

JAN 12 1944

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. 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