

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2873

State File No. _____

FILED JAN 25 1944
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 21

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: 615 S. Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 6 months (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 615 S. Campbell
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Benjamin A. Hudspeth

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

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

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

7. Birth date of deceased 3-14-1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 23
If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name Andrew Hudspeth

13. Birthplace Dade Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name unk. 15. Birthplace unk.
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Glasscock

(b) Address 400 1/2 N. Main, Spfld, Mo.

17. (a) Burial (b) Date thereof 1-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phoebus Grove

18. (a) Signature of funeral director Mamma German

(b) Address Miller Mo.

19. (a) 1-10-44 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7
year 1944 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 7 1944 to Jan 7 1944

that I last saw him alive on Jan 7 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration _____

Due to coronary occlusion

Due to arteriosclerosis

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

Major findings: Of operations gfd

Of autopsy no

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. H. Handley (M. D. or other) _____

Address Springfield Date signed 1-8-44

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

39
2
6

MOTHER FATHER

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 S. R. Lerman

Licensed Embalmer No. 3297

P. O. Address Miller 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