

Registration District No.

Primary Registration District No. 2000

Registrar's No. 96

FILED FEB 11 1944

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

39
2
6

1. PLACE OF DEATH: **GREENE**

(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: 622 E. Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 15 years
(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. 622 E. Harrison
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ralph McHam

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 702-039776

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret McHam

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

7. Birth date of deceased February 22, 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation Livestock Agent

11. Industry or business Railroad

MOTHER FATHER { 12. Name Dick McHam

{ 13. Birthplace Unk. Unk. 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unk.

{ 15. Birthplace Unk. Unk. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret McHam

(b) Address Springfield, Missouri

17. (a) Removal (b) Date thereof Jan 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paris, Texas

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 1-28-44 (b) Dr. M. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25, year 1944 hour 8.6 minute 30 P. M.

21. I hereby certify that I attended the deceased from No Physician in attendance 19... to 19...

that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide by Firearms

Due to.....

Due to.....

Other conditions 164
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

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) Suicide

(b) Date of occurrence Jan 25 1944

(c) Where did injury occur? Springfield Greene Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In garage at home Gunshot wound

While at work? no (Specify type of place) (e) Means of injury Revolver

23. Signature Mrs. C. Stone (M. D. or other)

Address Springfield, Mo 3 Date signed 1-28-44

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FEB 10 1944

FEB 25 1949

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 *Lewis G. Schuyf*

Licensed Embalmer No. *3802*

P. O. Address *Springfield, M*

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