S. No. 2
M—1-4-41
7. 5-17-39
P I. X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 14662

Registrar's No. 345

39-2-6

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: ST. JOHN'S HOSPITAL
(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: 2 HOURS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO. (b) County: GREENE 34
(c) City or town: SPRINGFIELD 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1201 N. BROADWAY 6
(If rural, give location)
(e) Citizen of foreign country? NO ✓ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: JERRY JOE CORING

3. (b) If veteran, name war: NONE

3. (c) Social Security No. NONE

4. Sex: MALE 0

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: SINGLE

6. (b) Name of husband or wife: NONE

6. (c) Age of husband or wife if alive: NONE years

7. Birth date of deceased: APRIL (Month) 18 (Day) 1944 (Year)

8. AGE: Years 0 ✓ | Months 0 | Days 0 | If less than one day: 2 hr. 0 min.

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

10. Usual occupation: Infant

11. Industry or business: At Home

MOTHER FATHER

12. Name: Don E. Coring

13. Birthplace: SPRINGFIELD (City, town, or county) MO. 0 (State or foreign country)

14. Maiden name: June Ellen Smith

15. Birthplace: SPRINGFIELD (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant: Mrs. Hazel Smith
(b) Address: SPRINGFIELD MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 20, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: National cemetery

18. (a) Signature of funeral director: J. W. Klingner & Co.
(b) Address: SPRINGFIELD MO.

19. (a) 4-20-44 (Date received local registrar) (b) B. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 18 year 1944 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from Apr 18 19 44 to Apr 18 19 44 that I last saw him alive on Apr 18 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death: Pre-Natal Birth

Due to:

Due to:

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

Major findings: Of operations: 159

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):
(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? (Specify type of place)
While at work? (c) Means of injury:

23. Signature: Max Fitz (M. D. or other) M.D.
Address: Springfield Mo. Date signed 4-19-44

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(Licensed Embalmer's Statement on Reverse Side)

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.