

S. No. 2  
M-1-4-41  
v. 5-17-39  
P-1 X26390

14717

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

369

FILED MAY 9 1944  
Registration District No. 28

Primary Registration District No. 2000

Registrar's No. \_\_\_\_\_

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

39  
2  
6

1. PLACE OF DEATH:  
(c) County... **GREENE**  
(b) City or town... **Springfield**  
(c) Name of hospital or institution:  
**1934 N. DOUGLAS AVE.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... **74 YR.**  
In this community... **74 YR.**  
years, months or days

3. (a) PRINT FULL NAME **ANDREW JOHNSON REVIS**  
3. (b) If veteran, name war **NONE**  
3. (c) Social Security No. **NONE**

4. Sex **MALE**  
5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **CORDELLA E. REVIS**  
6. (c) Age of husband or wife if alive **78** years  
7. Birth date of deceased **JAN. 16, 1862**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **3** Days **10**  
If less than one day hr. min.

9. Birthplace **UNK TENN.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED FARMER**

11. Industry or business **FARMING.**

MOTHER FATHER  
12. Name **UNKNOWN**  
13. Birthplace **UNK UNKNOWN**  
(City, town, or county) (State or foreign country)  
14. Maiden name **MARY MILLER**  
15. Birthplace **UNK UNKNOWN**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Cordelia E. Revis**  
(b) Address **SPRINGFIELD MO.**

17. (a) **Burial** (b) Date thereof **April 26 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **East Lawn Cem.**

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

19. (a) **4-29-1944** (b) **O. McHardy**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State... **MO.** (b) County... **GREENE 24**  
(c) City or town... **SPRINGFIELD 2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1934 N. DOUGLAS AVE 6**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country **D**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **APRIL** day **26**  
year **1944** hour **10** minute **20 P. M.**

21. I hereby certify that I attended the deceased from **4-24** 19**44** to **4-26-1944**  
that I last saw him alive on **4-25-1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
Due to **Hypertension**  
Due to **Atherosclerosis**  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **g3a1**  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature **Henry F. ...** (M. D. or other) **g/29/44**  
Address **4505 W. ...** Date signed **g/29/44**

(Licensed Embalmer's Statement on Reverse Side)

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

---

---

**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

*Ogle Stone Jr.*

Licensed Embalmer No. *4176*

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.**

*X*