

No. 2
5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18519**

FILED JUN 8 1944

Registration District No. **177**

Primary Registration District No. **5675-**

Registrar's No. **20**

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

1. PLACE OF DEATH:
 (a) County Lincoln
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (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 Almost all his life
 years, months or days

3. (a) PRINT FULL NAME Edgar Halfield Springsteen
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (g) Single, widowed, married Widowed
 6. (b) Name of husband or wife Dead 6. (c) Age of husband or wife if
 all _____ years

7. Birth date of deceased May 1888
 (Month) (Day) (Year)

8. AGE: Years 93 Months 11 Days 17 If less than one day
 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Isaac Springsteen
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Welch
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Leopold Prosser
 (b) Address White side Mo

17. (a) Mill Creek (b) Date thereof May 16 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director George Hardward
 (b) Address Colie, Mo

19. May 27 1944 (b) B. Williams
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Lincoln
 (c) City or town White side
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) Rural
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 - 1944
 year 1944 hour 8 minute 15 M.
 21. I hereby certify that I attended the deceased from April 15
15, 1944, to May 15, 1944;
 that I last saw him alive on May 14, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis

Due to Age

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy No

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? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature O. H. Demron (M. D. certifier)
 Address Siles, Mo Date signed 5-15-44

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

RECEIVED

District Health Officer No. 2

District File Number

Date Filed 6-2-44

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

Norman E. Gooch

Licensed Embalmer No.

2342

P. O. Address

Galva, 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.