

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27760

State File No.

FILED SEP 9 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 682

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 2019 Pierce
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME John McQuerter

3. (b) If veteran, No. _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, Married, divorced _____

6. (b) Name of husband or wife Harriet McQuerter 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. 27, 1865 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>7</u>	<u>24</u>	_____ hr. _____ min.

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

10. Usual occupation Laborer Laborer Ret. 13 yrs.

11. Industry or business _____

12. Name John McQuerter

13. Birthplace Ill. (City, town, or county) (State or foreign country)

14. Maiden name Nancy Blankenship

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Harriet McQuerter

(b) Address 2019 Pierce St., Spfld., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/44 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield, Missouri

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. 2019 Pierce (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1944 hour 3:24 minute A. M.

21. I hereby certify that I attended the deceased from Aug 18 1944 to Aug 21 1944 that I last saw him alive on Aug 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death High Blood Pressure (230 S.) arteriosclerotic

Due to _____
Due to _____

Other conditions Latent condition of system & infirmities of old age

Major findings: Of operations _____

Of autopsy 99

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 0

23. Signature P. H. Evans (M. D. or other) M.D.

Address Springfield, Mo. Date signed Aug 24 1944

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.