V. S. No. 2
0M—5-42
ov. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1945

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11141

Primary Registration District No. 2000

Registrar's No. 969

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: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 hours (Specify whether years, months or days)
In this community: 30 years

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.: 942 State Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Harry N. Force
3. (b) If veteran, name war: Unknown
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: Mrs. Maud Force
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: June (Month) 25, (Day) 1876 (Year)

8. AGE: Years 68 Months 6 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace: UNK. (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: Druggist
11. Industry or business:
FATHER
12. Name: Franklin Force
13. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name: Augusta UNK.
15. Birthplace: UNK. (City, town, or county) UNK. (State or foreign country)
16. (a) Informant: Mrs. Maud Force
(b) Address: Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/2/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park Cemetery
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri
19. (a) 1-2-45 (Date received local registrar) (b) O. W. I. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 30 year: 1944 hour: 9:30 minute: P. M.
21. I hereby certify that I attended the deceased from Dec 30, 1944 to Dec 30, 1944, that I last saw him alive on Dec 30-44, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Fractured Skull
Due to:
Due to: Striking head against Coca Cola Bottle in fall.
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 1 1/2 hr
Of autopsy: 3 hr

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): Accident
(b) Date of occurrence: 12-30-4
(c) Where did injury occur? Spfd. (City or town) Greene (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Drug Store - Public Place (Specify type of place)
While at work? yes (e) Means of injury: Fall
23. Signature: [illegible] (M. D. or other)
Address: Springfield Mo. Date signed 1-2-45

(Licensed Embalmer's Statement on Reverse Side)

MAY 6 1956

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 Scharpf

Licensed Embalmer No. 3402

P. O. Address Springfield 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.