S. No. 2
M—5-42
v. 5-17-39
I X32873

WRITE PLAINLY WITH UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2212

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 27

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: 808 W. College
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 808 West Olive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis H. Haeflinger

3. (b) If veteran, name war UNK.
3. (c) Social Security No. UNK.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leona Haeflinger
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased February 18, 1879 (Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Farmington (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Painter and Decorator
11. Industry or business

FATHER
12. Name UNK.
13. Birthplace UNK. (City, town, or county) UNK. (State or foreign country)

MOTHER
14. Maiden name UNK.
15. Birthplace UNK. (City, town, or county) UNK. (State or foreign country)

16. (a) Informant Mrs. Leona Haeflinger
(b) Address 808 W. Olive, Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director W. L. Dunn
(b) Address Spfd., Mo.
19. (a) 1-12-45 (Date received local registrar) (b) Dr W E Hardly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th. year 1945 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from Dec 29, 1943, to Jan 9, 1945, that I last saw him alive on Jan 9, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Polycythemia	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (e) Means of injury

23. Signature Murray C. Shore (M. D. or other)
Address Springfield, Mo. Date signed 1-12-45

(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 C. D. McCarthy

Licensed Embalmer No. 2-2-9140

P. O. Address.....

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.