

S. No. 2
 BM-542
 v. 5-17-39
 X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

16893

State File No.

FILED MAY 28 1945
 Registration District No. 128

Primary Registration District No. 2440

Registrar's No. 390

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:
636 N. Campbell
 (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
 years, months or days)

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... **636 N. Campbell**
 (If rural, give location)
 (e) Citizen of foreign country? **None** (Yes or No)
 If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **12th,**
 year **1945** hour **5:10** minute **P.** M.

21. I hereby certify that I attended the deceased from
May 1st 1945 to **May 12, 1945**
 that I last saw him alive on **May 12,** 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chy. myocardial in-
sufficiency - 7 yrs
 Due to
Chy. Cardio-vascular
renal disease yrs

Duration
 7 yrs

Other conditions
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations... **13/10**
 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)

23. Signature **Arthur D. Supt.** of D. or other **MD**
 Address **407 1/2 E. Council St.** Date signed **5-14-45**

3. (a) PRINT FULL NAME **Benjamin Franklin Cardwell**

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

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

6. (b) Name of husband or wife **Lillie Cardwell** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **March 4, 1883**
 (Month) (Day) (Year)

8. AGE: Years **62** Months **2** Days **8** If less than one day
 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **On Farm**

12. Name **Hiram A. Cardwell**

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

14. Maiden name **UNK.**

15. Birthplace **UNK.** **UNK. 7**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lillie Cardwell**

(b) Address **Springfield, Missouri**

17. (a) **Removal** (b) Date thereof **May 13, 1945**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Ravenden, Arkansas**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
 (b) Address **Springfield, Missouri**

19. (a) **5-15-45** (b) **D. W. Handley**
 (Date received local registrar) (Registrar's signature)

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

6 1 19

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 S. Scharpf*
Licensed Embalmer No. *3802*
P. O. Address *Springfield, Ma*

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