

FILED JUN 13 1945  
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Registration District No. ....

Primary Registration District No. 2000

Registrar's No. 477

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:  
**546 W. WEBSTER**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether 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. **546 W. WEBSTER**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **ALLEN A. EDGERLE**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **21**  
year **1945** hour **7** minute **00** A. M.

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **EFFIE J. EDGERLE** 6. (c) Age of husband or wife if alive **55** years  
**June** 26, 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January 26, 1944** to **June 21, 1945**  
that I last saw him alive on **June 21, 1945**  
and that death occurred on the date and hour stated above.

8. AGE: Years **51** Months **11** Days **25** If less than one day hr. min.

Immediate cause of death:  
**PARALYSIS OF RESPIRATORY MUSCLES** 4 days  
Due to **AMYOTROPHIC LATERAL SCLEROSIS** 30 mos.

9. Birthplace **Cherryvale Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations **gr. 1**  
Of autopsy

11. Industry or business

12. Name **Albert Edgerle**

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

14. Maiden name **Sarah Hill**

15. Birthplace **Bessemer Ala.**  
(City, town, or county) (State or foreign country)

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) (a) Means of injury

16. (a) Informant **Effie J. Edgerle**  
(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **June 24, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem.**

18. (a) Signature of funeral director **J. W. Klingner Co.**  
(b) Address **SPRINGFIELD MO.**

19. (a) **6-23-45** (b) **Dr. W. S. Handley**  
(Date received local registrar) (Registrar's signature)

23. Signature **J. D. Patton** (M. D. or other) **M.D.**  
Address **Springfield, Missouri** Date signed **6-22-45**

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

MOTHER, FATHER

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JUL 17 1943

**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 Ogden Slone Jr.  
Licensed Embalmer No. 4176  
P. O. Address Springfield M.

**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.

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