S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20339

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 508

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: St. John's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Days (Specify whether
In this community 15 Years 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. 1008 S. Fremont
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles W. H'Doubler
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife UNK.
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased October (Month) 6 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
85	8	19	hr. min.

9. Birthplace Warren (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Peter H'Doubler
13. Birthplace UNK. (City, town, or county) Pennsylvania (State or foreign country)
MOTHER
14. Maiden name Rebecca Fullener
15. Birthplace UNK. (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant Dr. F.T. H'Doubler
(b) Address Springfield, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/29/45 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 6-27-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1945 hour 5:00 minute a.m.
21. I hereby certify that I attended the deceased from 5-17- 1945 to 6-25- 1945 that I last saw him alive on 6-24 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	3 Mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Pericarditis [illegible] arrest. Hypertrophied Prostate	5-17-45
Major findings: Of operations Suprapubic Cystotomy	
Of autopsy C.A. of Stomach Recent Pericardial Adhesions	

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 [signature] (M. D. or other)
Address Springfield, Mo. Date signed 6-26-45

984

(Licensed Embalmer's Statement on Reverse Side)

JAN 27 1947

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 L Dolin Gorman

Licensed Embalmer No. 3177

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.