

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

Burton
State File No. 24034
Registrar's No. 494

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1945

Registration District No. 128

Primary Registration District No. 5466

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Rural, S. Campbell Twp.
(c) Name of hospital or institution: Rt 7 Mrs Leles Patterson
(d) Length of stay: In hospital or institution Rt 7
In this community Rt 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield - S. Campbell Twp.
(d) Street No. Rt 7
(e) Citizen of foreign country? (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Infant Son Mrs Olive Wise
(b) If veteran, name war NONE
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 21
year 1945 hour 2:00 minute _____ P. M.
21. I hereby certify that I attended the deceased from June 21, 1945 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.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive XX years

Immediate cause of death: Premature Birth
6 1/2 months
Due to Cause unknown
Duration 3 hours

7. Birth date of deceased June 21, 1945
(Month) (Day) (Year)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 0 Months 0 Days 0 If less than one day 3 hr. _____ min.

Major findings: 159
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Springfield Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business _____

12. Name Olive Wise
13. Birthplace Washington, Ind.
14. Maiden name Mary Wiley
15. Birthplace Cladon, Mo

16. (a) Informant Mrs Roy O. Ralston
(b) Address Rt 8 Box 437 - Spfld, Mo.
17. (a) Burial (b) Date thereof June 21 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Fred C Thiems
(b) Address 1100 Boonville Ave., Spfld, Mo
19. (a) 6-22-45 (b) F W Hardley
(Date received local registrar) (Registrar's signature)

23. Signature J. S. Burton (M. D. or other) MD
Address Springfield, Mo. Date signed 6/29/45

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

Fred C. Thieime

Licensed Embalmer No. *2899*

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.