S. No. 2
M—5-42
, 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

27436

FILED AUG 29 1945

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 632

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: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 16 hours (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. 630 Cherry
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Francis Marian Usher

3. (b) If veteran, name war Unk.

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race White

6. (a) ~~Single, widowed~~, married, ~~divorced~~ married

6. (b) Name ~~of husband~~ or wife Mary Usher

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased May (Month) 9, (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	3	3	..... hr. ..... min.

9. Birthplace Milburn (City, town, or county) Ky. 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Pharmacist

FATHER
12. Name Henry Usher
13. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Frances Safford
15. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs F. C. Nelson

(b) Address 630 Cherry - Spfd., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry Kansas

18. (a) Signature of funeral director Alma L. Emeyer F. Home

(b) Address Springfield Mo.

19. (a) 8-14-45 (Date received local registrar) (b) D. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1945 hour 12:35 minute P M.

21. I hereby certify that I attended the deceased from 8-11 1945 to 8-12 1945 that I last saw him alive on 8-12 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial insufficiency	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) Prostatic hypertrophy with urinary retention	
Major findings: Of operations not operated	
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 [illegible] (M. D. or other)

Address Spfd., Mo. Date signed 8-13-45

(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 L. R. Rand

Licensed Embalmer No. 3044

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.