S. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30595

State File No.

FILED OCT 8 1945

Registration District No. 128 Primary Registration District No. 1000 Registrar's No. 782

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:
O'Reilly Gen Hosp, Springfield, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield Rural - N. Campbell Twp. (If outside city or town limits, write "RURAL")

(d) Street No. Route #11 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES M. PEIFFER

3. (b) If veteran, name war World War II

3. (c) Social Security No. Unknown

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Emma Sue Peiffer

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased March (Month) 17 (Day) 1912 (Year)

8. AGE: Years	Months	Days	If less than one day
33	6	13	hr. min.

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

10. Usual occupation

11. Industry or business Warehouse Clerk

FATHER
12. Name David T. Peiffer
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Ida Mae Chapman
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Martin W. Peiffer
(b) Address Route 11 Springfield, Mo.

17. (a) ~~Removal~~ Burial (Burial, cremation, or removal) (b) Date thereof 30 Sept 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Missouri
Resolved

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield Mo

19. (a) 10-1-45 (Date received local registrar) (b) E. N. C. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30 year 1945 hour 4 minute 32 A. M.

21. I hereby certify that I attended the deceased from 12:45 P.M., 28 September, 1945 to 4:32 A.M., 30 Sept 45 that I last saw him alive on 4:32 A.M., 30 Sept. 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemothorax, bilateral, mild	3 days
Due to Crushing injury, chest, left	3 days
Due to Contusion, severe, both lungs, with hemorrhage into lungs	3 days
Other conditions Ran into freight train (Include pregnancy within 3 months of death)	

Major findings:
Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
Of autopsy Above confirmed

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) Accident
(b) Date of occurrence 28 September 1945
(c) Where did injury occur? Rural Springfield, Greene, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place - Railroad Crossing (Specify type of place)
While at work? No (e) Means of injury Ran into freight train

23. Signature Capt Jones, MC (M. D. or other)
Address O'Reilly General Hospital Date signed 30 Sept 1945

(Licensed Embalmer's Statement on Reverse Side) Spfd., Mo.

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. Thieme

Licensed Embalmer No. 2899

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.

S. No. 2B
5M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Oct

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 782

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:
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles M. Peiffer
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Mar 17 1920 (Month) (Day) (Year)

8. AGE: Years 23 Months 4 Days 3 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business

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

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

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 30 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to Auto ran into freight train
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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 Automobile ran into train.
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

Tue-8
7-3

SUPPLEMENTARY INFORMATION REQUESTED

30595