

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9105**
Registrar's No. **235**

FILED MAR 27 1946
128

Primary Registration District No. **2000**

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(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 **1 day**
In this community **1 day**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Dallas**
(c) City or town **Buffalo**
(If outside city or town limits, write "RURAL")
(d) Street No. **1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Euna Pfeifer**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **224K**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **9**
year **1946** hour **6** minute **30 A.M.**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **Melvin Pfeifer**
6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased: **May 31, 1909**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **3-8**, 19**46** to **3-9**, 19**46**
that I last saw him alive on **3-8**, 19**46**
and that death occurred on the date and hour stated above.

8. AGE: Years **36** Months **9** Days **8**
If less than one day **hr. min.**

Immediate cause of death **cardiac failure**
Due to **Endocarditis**
Due to
Other conditions **coronary embolism**
(Include pregnancy within 3 months of death)

9. Birthplace **Red Top, Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **H.W.**

PHYSICIAN
Major findings: **9/10**
Of operations
Of autopsy

11. Industry or business
12. Name **J.A. Vast**
13. Birthplace **Polk Co. Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mattie Diamond**
15. Birthplace **Polk Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Melvin Pfeifer**
(b) Address **Buffalo, Mo.**
17. (a) **Burial** (b) Date thereof **3-11-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Buffalo, Mo.**
18. (a) Signature of funeral director **H. B. Jones**
(b) Address **Buffalo, Mo.**
19. (a) **3-11-46** (b) **Walter Handley**
(Date received local registrar) (Registrar's signature)

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
23. Signature **E. B. Hanson** (M. D. or other) **MKS**
Address **100 West 1st** Date signed **3-9-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
19
2
6
80332

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 Marie B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.