. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9148

Registration District No. 128 Primary Registration District No. 5466 Registrar's No. 270

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Rural Campbell Twsp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Greene County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Months (Specify whether years, months or days) In this community: 16 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

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

(d) Street No.: Route #4, Springfield (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3. (a) PRINT FULL NAME: HIRAM WINE

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: No Record (Month) (Day) (Year) 1872

8. AGE: Years: Aprox. 74 Months: unk. Days: unk. If less than one day: hr. min.

9. Birthplace: Blue Ridge Mountains, Virgina (City, town, or county) (State or foreign country)

10. Usual occupation: Restaurant Owner

11. Industry or business: Retired Restaurant Owner

MOTHER FATHER

12. Name: Unknown

13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mary J. Vincent

(b) Address: Springfield R.F.D.4, Box 609

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 26, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Park.

18. (a) Signature of funeral director: Fred C. Thieme

(b) Address: Springfield, Mo.

19. (a) 3-25-46 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 24th year: 1946 hour: 11:44 AM minute: M.

21. I hereby certify that I attended the deceased from June 20 1944 to Mar. 24 1946; that I last saw him alive on Mar 23 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis, Chronic	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Obesity	

Major findings:
Of operations:
Of autopsy: 0.30

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: James R Cross (M. D. or other) M.D.

Address: Springfield, Mo. Date signed: 3-24-46

(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 Ralph Thieme

Licensed Embalmer No. 3681

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.