

FILED MAY 27 1948

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 399

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:
MO. State Pythian Home 627 S Campbell St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Years
(Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
Street No. MO. State Pythian Home 6
627 South Campbell St. (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE WINDLEY SEMANDS

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 Widowed

6. (b) Name of husband or wife Jennie Semands 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased June 3, 1887
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 25 If less than one day hr. min.

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

10. Usual occupation NONE

11. Industry or business NONE

MOTHER FATHER { 12. Name NO Record
13. Birthplace NO Record NO Record 9
(City, town, or county) (State or foreign country)
14. Maiden name NO Record
15. Birthplace NO Record NO Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant A. E. Wakeman

(b) Address Pythian Home, Springfield, Missouri

17. (a) BURIAL (b) Date thereof May 10, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

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

(b) Address Springfield, Missouri

19. (a) 5-10-46 (b) Dr W S Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1946 hour 2:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from Dec 13
_____ 1946 to May 9 1946
that I last saw him alive on May 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Leukemia 4 weeks
Due to Arteriosclerosis Deformans 25%

Due to _____
Other conditions TBD March 1 yr.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 59%
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? _____ (a) Means of injury _____
23. Signature Kellian R. Reuter (M. D. or other) _____
Address 532 Madison St., Springfield, Mo. Date signed 5/10/46

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

15231

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 A. Thorne
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.

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