S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16359 N

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 596

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: I609½ Boonville 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 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")

(d) Street No. I609½ Boonville 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Herman Hardy Trantham

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

3. (c) Social Security No. UNK.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Edith Trantham

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

7. Birth date of deceased ~~Tany~~ (Month) 19 (Day) I894 (Year)

8. AGE: Years	Months	Days	If less than one day
51	9	19	hr. min.

9. Birthplace ~~Missouri~~ UNK. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Barber

11. Industry or business Barbering

FATHER 12. Name F. G. Trantham

13. Birthplace Greene Co (City, town, or county) Mo. 0 (State or foreign country)

MOTHER 14. Maiden name Anna Hardy

15. Birthplace Greene Co. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Edith Trantham

(b) Address I609½ Boonville, Spfd., Mo.

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

(c) Place: burial or cremation Greenlawn Cem

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1946 hour 1 minute 25 A M.

21. I hereby certify that I attended the deceased from May 8, 1946, to May 8, 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	Duration
Coronary block.	1 hr
Due to Arteriosclerosis	
Due to	
Other conditions Hypertension (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 0

23. Signature C. E. Feller (M. D. or other)

Address Springfield, Mo. Date signed 5/20/46

111 (Licensed Embalmer's Statement on Reverse Side)

JUN 12 1940

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.