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 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED JUN 9 1947**  
 128

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **17139**  
 Registrar's No. **418**

Registration District No. \_\_\_\_\_ Primary Registration District No. **2000**

**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:  
**715 N. Main Ave.,**  
(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)

3. (a) PRINT FULL NAME **John C. Land**  
 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 **Widower**  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **May 18, 1864**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**83 0 2** hr. min.

9. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Laborer**

11. Industry or business **Laborer**

12. Name **Unknown**  
 13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown**  
 15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lige Perryman,**  
 (b) Address **Springfield Mo.**

17. (a) **Burial** (b) Date thereof **5-22-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Green Lawn Cem.**

18. (a) Signature of funeral director **J. W. Klingner & Co.**  
 (b) Address **Springfield Mo.**

19. (a) **5-22-47** (b) **W. E. Handley, M.D.**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **Greene**  
 (c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1022 East Chestnut St.,**  
(If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **20**,  
 year **1947** hour **3** minute **00 P.M.**  
 21. I hereby certify that I attended the deceased from **May 12** to **May 20**, 19**47**  
 that I last saw him alive on **May 12**, 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-Renal Vascular Disease**  
 Duration **1 yr.**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions: **None**  
(Include pregnancy within 3 months of death)

Major findings: **None**  
 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?

While at work? **Yes**  
(Specify type of place) (Specify means of injury)

23. Signature **Max [unclear]** (M. D. or other) **MO.**  
 Address **Springfield Mo.** Date signed **5-21-47**

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

MOTHER FATHER

10-1-54

*[Faint handwritten notes and scribbles]*

**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.**

*[Handwritten scribbles and marks]*