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5-17-39  
P. 1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20608

Registration District No. 128

Primary Registration District No. 2,000

Registrar's No. 464

1. PLACE OF DEATH:  
 (a) County Greene  
 (b) City or town Springfield, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1625 So. Jefferson  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. None  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Greene  
 (c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1625 So. Jefferson  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JJ. James Pringle  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 2  
 year 1947 hour 10 minute 30 A.M.  
 21. I hereby certify that I attended the deceased from June 27  
1947 to June 2 1947;  
 that I last saw him alive on June 2 1947  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced unmarried  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July I 1873  
(Month) (Day) (Year)

Immediate cause of death Acute Coronary Occlusion  
 Duration 24 hrs  
 Due to Arteriosclerotic Heart Disease 3 yrs.

8. AGE: Years Months Days If less than one day  
74 11 1 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

9. Birthplace: Scotland Scotland  
(City, town, or county) (State or foreign country)

10. Usual occupation President Monarch Machine Co.

11. Industry or business Retired

12. Name W. Pringle 4

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

14. Maiden name Jessie Forbes

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Dave Pringle 1

(b) Address Chicago Ill.

17. (a) Burial (b) Date thereof 6/4/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grubtown

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
 (b) Address 5345 S. Lewis St.

19. (a) 6-3-47 (b) W. E. Handley MD  
(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)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature H. P. Hodson (M. D. or other) 0  
 Address Springfield, Mo. Date signed 6/3/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

SEP 4 1947

JUL 10 1947

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.....

*Lee Mason*....., Registered Apprentice No. *477*  
working under my personal supervision.

Signed..... *Jewell E. Kudd*.....

Licensed Embalmer No. *2831*.....

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.