S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20652

Registration District No. 128 Primary Registration District No. 2000 0466 Registrar's No. 478

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Unknown 99

(c) City or town Unknown 11
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME James Samuel DEEL, 5082-H

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 24 (Day) 1907 (Year)

8. AGE: Years 40 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name George Minor Deel
13. Birthplace ? (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name Ratchel (?) Deel 0
15. Birthplace ? (City, town, or county) Missouri (State or foreign country)

16. (a) Informant File
(b) Address MCFR

17. (a) unknown (Burial, cremation, or removal) (b) Date thereof 6-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield Missouri

19. (a) 6-13-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th year 1947 hour 6 minute 23 P. M.

21. I hereby certify that our medical staff attended the deceased from April 4, 1945, to June 6, 1947; that I last saw him alive on June 6, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis, pulmonary, far advanced, active	2½ yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13 B
Of autopsy Bilateral pulmonary tuberculosis, right artificial pneumothorax, severe coronary sclerosis and moderate left pulmonary edema

PHYSICIAN
Underline the cause of 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 E. W. Moreland (M. D. or XXXX)
Address Med. Cent. Fed. Pris., Springfield, Missouri Date signed 6-11-47

Jefferson City Printing Co. (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 Lee Mason Registered Apprentice No. 477 working under my personal supervision.

Signed Jewell E. Mundy

Licensed Embalmer No. 283

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.