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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 6 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30932

State File No. _____

Registrar's No. 851

Registration District No. 128

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: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37
(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 413 1/2 S. Campbell
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Doctor Graddy Landrum

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 18, 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Railroad

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mr. D. G. Landrum, Jr.

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 9/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Missouri

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home

(b) Address Springfield, Missouri

19. (a) 10-1-47 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 26,
year 1947 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 13, 1947 to September 26, 1947
that I last saw him alive on September 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration _____

Other Conditions: _____

Due to Portal cirrhosis, liver.
Edema of brain. Cardiac atrophy

Due to Pneumoconiosis bilateral
(lungs) Semile dementia.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 104/10
Of operations _____

Of autopsy Same as above.

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? _____ (Specify type of place)

Means of injury _____

23. Signature Don H. Selsky (M. D. or other) _____

Address Springfield Mo Date signed 9-30-47

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

MOTHER FATHER

DEC 14 1987

JAN 28 1988

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 L. Pauli Gorman

Licensed Embalmer No. 3177

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.