

No. 2
M-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32132
Registrar's No. 124

FILED OCT 13 1947
Registration District No. 270

Primary Registration District No. 4427

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

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution:
Waynesville General
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether)

In this community 9 days
years, months or days

3. (a) PRINT FULL NAME Oscar John Painter

3. (b) If veteran, name war —

3. (c) Social Security No. 702-07-3901

4. Sex male

5. Color or race w

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

6. (b) Name of husband or wife Kate Painter

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Dec 20 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 12
If less than one day hr. min.

9. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. machinist

11. Industry or business:

MOTHER FATHER

12. Name John Painter

13. Birthplace Mc Kays Fork Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Luigie Brewer Baker

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

16. (a) Informant R. S. Painter

(b) Address B. 2000, Missouri

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Oct 5 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Rock

18. (a) Signature of funeral director Lee Johnson

(b) Address Newburg Mo

19. (a) Oct 9 1947
(Date received local registrar)

(b) Thelma C. Buckthorn
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 811 Division
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1947 hour 7 minute 50 pm.

21. I hereby certify that I attended the deceased from 19-24, 1947, to 10-2, 1947
that I last saw him alive on October 2 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to —

Due to —

Other conditions Cardio-Renal
(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy no

Duration

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)

(c) Means of injury —

23. Signature R. E. Brewer (M. D. or other) —

Address Newburg Mo Date signed 10-3-47

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.....

Lee Johnson

Licensed Embalmer No. *3392*

P. O. Address.....

Newburg 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.