

FILED FEB 6 1948

Registration District No. 28

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

808

State File No.

2000

Primary Registration District No.

Registrar's No. 86

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... Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 2 days
(Specify whether
In this community... 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Greene
Springfield
(c) City or town...
(If outside city or town limits, write "RURAL")
(d) Street No. 709 North Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1948 hour Seven minute Forty P.M.
21. I hereby certify that I attended the deceased from 1/27/48
....., 19....., to 1/28/48, 19.....;
that I last saw him alive on 1/28/48, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary occlusion, posterior branch.
Duration Recent

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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 force)
While at work... Paul L. Eisee of injury.....

23. Signature... PAUL L. EISEE (M. D. or other)

Address VAH, Springfield, Mo. Date signed 1/29/48

3. (a) PRINT FULL NAME... Ralph R. POMEROY

3. (b) If veteran, name war... Sp.A. 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... unk. 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... August 19 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 10 hr. min.

9. Birthplace... Lockport, New York
(City, town, or county) (State or foreign country)

10. Usual occupation... Electrical Engr. R

11. Industry or business... unknown

12. Name... unknown

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

14. Maiden name... HARRIET

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

16. (a) Informant... Correspondence Records

(b) Address... VAH, Springfield, Missouri

17. (a) Burial, cremation, or removal... Removal (b) Date thereof... 1-30-48
(Month) (Day) (Year)

(c) Place: burial or cremation... Peck St. of 73

18. (a) Signature of funeral director... Paul L. Eisee

(b) Address... Springfield, Mo.

19. (a) 1-30-48 (Date received local registrar) (b) W. H. Handley (Registrar's signature)

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

MOTHER FATHER

949

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. John 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.