

No. 2
12-45
17-39
X47070

State File No.

FILED JAN 26 1948
Registration District No. 2479

Primary Registration District No. 5957

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: none
(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)

In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike 82

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

(d) Street No. 4 1/2 miles East of Esolia
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME Roy H Springston

3. (b) If veteran, name war: no (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13th
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

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 single

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

7. Birth date of deceased: Jan 10 (Month) (Day) 1888 (Year)

Immediate cause of death Heart Duration _____
Coronary thrombosis

8. AGE: Years 58 Months _____ Days 3 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Linsden Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

Major findings: _____

(b) Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name Charles H Springston

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

14. Maiden name Dora Welch

15. Birthplace Linsden Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Daisy L Springston

(b) Address Annada Mo

17. (a) Burial (b) Date thereof Jan 15 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Esolia Cemetery

18. (a) Signature of funeral director A E Gooch

(b) Address Esolia Mo

19. (a) Jan 15 1948 (b) A E Gooch deputy
(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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature S A Gordin (M.D. or other) _____
Address Esolia Mo Date signed 1-13-48

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

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

Norman E. Gosch

Licensed Embalmer No. *2342*

P. O. Address *Esbia, 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.