S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16036

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 466

39
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39
(c) City or town Springfield - Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R. F. D. # 3 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David Curtis Spickard.
3. (b) If veteran, name war None
3. (c) Social Security No. None
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 May 31, (Month) (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	1	hr. min.

9. Birthplace Springfield (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Infant
11. Industry or business At Home
FATHER
12. Name Roland Spickard
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name E. Cleo Hough
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Roland Spickard
(b) Address Springfield Mo. R 3.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.
19. (a) 6-4-48 (Date received local registrar) (b) W E Hardley MW (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1948 hour 1 minute 55 P. M.
21. I hereby certify that I attended the deceased from June 1, 1948 to June 1, 1948 that I last saw him alive on June 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 159	
Of autopsy	

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 [signature] (M. D. ~~or other~~)
Address 609 Cherry St. Springfield Mo. Date signed June 2-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Max Rhodes

Licensed Embalmer No. 4021

P. O. Springfield

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.