

FILED JUN 26 1948
128

2000

Registrar's No. **514**

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: **Springfield Baptist Hospital**
(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 **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1051 Mt. Vernon Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

39
2
6
0

3. (a) PRINT FULL NAME **WILLIAM JENNINGS O'BRYAN, Jr.**

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

4. Sex **Male** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **Infant**

6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **June 23, 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 Stillborn
10 hours

9. Birthplace **Springfield, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business

12. Name **William Jennings O'Bryan, Sr.**

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

14. Maiden name **Wilda Carleen Carns**

15. Birthplace **Aldrich, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Jennings O'Bryan**

(b) Address **1051 Mt. Vernon**

17. (a) **Burial** (b) Date thereof **June 23, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cemetery**

18. (a) Signature of funeral director **Gorman-Scharpf Fun'l Home**

(b) Address **Springfield, Missouri**

19. (a) **6-23-48** (b) **W. S. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**,
year **1948** hour **8:** minute **15** 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.

Immediate cause of death **Atelctosis, congenital** Duration **10 hrs**
Prematurity **8 mos. at birth**

Due to _____
Due to _____
Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None** PHYSICIAN
Of operations **None**
Of autopsy **None**
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?

(Specify type of place) **Home**
(e) Means of injury _____
23. Signature **W. S. Handley** (M. D. or other) **M.D.**
Address **Springfield, Mo** Date signed **6-23-48**

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 BODY NOT EMBALMED.....

Licensed Embalmer No.....

P. O. Address.....

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.