

FILED SEP 7 1948

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 718

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**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene.**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1322 N. Grant**
(If rural, give location)
(e) Citizen of foreign country? **No**
If yes, name country _____

3. (a) PRINT FULL NAME **George L. Rountree**

3. (b) If veteran, name war **i**
3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive, years **1885**

7. Birth date of deceased **April 8**
(Month) (Day) (Year)

8. AGE: Years **63** Months **4** Days **19**
If less than one day hr. _____ min. _____

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

10. Usual occupation **retired farmer**

11. Industry or business _____

12. Name **Andrew J. Rountree**
13. Birthplace **1322 N. Grant**
(City, town, or county) (State or foreign country)

14. Maiden name **Saphrona Jongev**
15. Birthplace **Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Guy Bunkhead (sister)**
(b) Address **1307 Concord - City**

17. (a) **BURIAL** (b) Date thereof **8-29-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **HAZELWOOD CEMETERY**

18. (a) Signature of funeral director **J.W. KLINGNER & Co.**
(b) Address **SPRINGFIELD, Mo.**

19. (a) **8-30-48** (b) **W. J. Handley**
(Date received for registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **27**
year **1948** hour **5** minute **45 a. M.**

21. I hereby certify that I attended the deceased from **24 Aug 1948** to **Aug 27 1948**
that I last saw him alive on **26 Aug 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis Coronary**
Duration **3 days**

Due to **Hypertension Chronic Myocarditis Chronic**

Due to _____

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

Major findings: Of operations **None - 9/28**
Of autopsy **None**

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 of Registrar **W. J. Handley** (M. D. or other) _____
Address **Springfield, Mo.** Date signed **27 Aug 48**

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

SEP 8 1948

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.

4071

P. O. Address

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.