S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

Registration District No. 728

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29436

Primary Registration District No. 2000

Registrar's No. 768

9
2
6

WRITE PLAINLY—USE 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: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 hours (Specify whether years, months or days)

In this community: Same

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Springfield, 6
(If outside city or town limits, write "RURAL")

(d) Street No.: Parents: 1324 Catalpa 5
(If rural, give location)

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

If yes, name country: No

3. (a) PRINT FULL NAME: Infant Son of Mr & Mrs A Brengle

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male U

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single D

6. (b) Name of husband or wife: None

6. (c) Age of husband or wife if alive: -- years

7. Birth date of deceased: September (Month) 14 (Day) 1948 (Year)

8. AGE: Years —, Months —, Days —; If less than one day: 6 hr. min.

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

10. Usual occupation: None

11. Industry or business: Infant

MOTHER FATHER

12. Name: Arthur Brengle

13. Birthplace: Flippin (City, town, or county) Arkansas (State or foreign country)

14. Maiden name: Ruth Jarboe

15. Birthplace: Quinter, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant: Arthur Brengle (father)

(b) Address: 1324 Catalpa, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-16-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenlawn

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home

(b) Address: Springfield, Missouri

19. (a) 9-16-48 (Date received local registrar) (b) W E Hendley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1948 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Birth Sept 14, 1948 to Sept 14, 1948 that I last saw him alive on Sept 14, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Anoxia - Respiratory insufficiency	6 hrs.
Due to: Prematurity 6 mos 3 wks	
Due to: Twins.	
Other conditions (Include pregnancy within 3 months of death): Placenta Praevia Marginalis	

Major findings: Of operations: None

Of autopsy: none 160 C

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other) M.D.

Address: Springfield, Mo Date signed 9-15-48.

(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 Julian R. Goodman

Licensed Embalmer No. 4562

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.