

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

FILED OCT 25 1948

State File No.

Registration District No. 228

Primary Registration District No. 2000

Registrar's No. 910

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: St. John Hosp.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 25 Days  
(Specify whether years, months or days)  
 In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
 (c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1938 W. Wall  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Sengpiel

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Mary E. Sengpiel 6. (c) Age of husband or wife if alive Dec. 7 1876  
 7. Birth date of deceased June 7 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>4</u>	<u>13</u>	hr. min.

9. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Carpentier

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Hospital Records

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 10/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-22-48 (b) W.T. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20  
 year 1948 hour 3 minute 20a. M.

21. I hereby certify that I attended the deceased from Jan 1 1942 to 10-19 1948  
 that I last saw him alive on 10-19 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertrophied Ph  
10/21/48 Duration 6 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: B20  
(Include pregnancy within 3 months of death)

Major findings of operations: Operated 6 yrs ago  
Hypertrophied Ph reported  
 Of autopsy \_\_\_\_\_

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) (e) Means of injury U

23. Signature W. J. Vinyard (M. D. or other) MD

Address Springfield, Mo. Date signed 10-20-48

**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.....

*Gene Schuyler*....., Registered Apprentice No. 292  
working under my personal supervision.

Signed *Walter E. Hamilton*.....

Licensed Embalmer No. 3808

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.**