

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32638**

FILED NOV 8 1948

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **943**

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:
630 East Madison
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 47 years

3: (a) PRINT FULL NAME WALTER A UMBARGER
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nettie R Umbarger
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased: December 26 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Retired Judge

11. Industry or business Justice of Peace

12. Name Thomas Allen Umbarger

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

14. Maiden name Molly Spates

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

16. (a) Informant Mrs Nettie Umbarger

(b) Address 630 East Madison, Springfield

17. (a) Burial (b) Date thereof 11-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

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

(b) Address Springfield, Missouri

19. (a) 11-2-48 (b) W E Danley
(Date received local registrar) (Registrar's signature)

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. 630 East Madison
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
 year 1948 hour 8 minute 40 P.M.
 21. I hereby certify that I attended the deceased from June AM
 _____, 1948 to Oct 30, 1948
 that I last saw him alive on Oct 30, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death
Congestive Heart Failure
Arteriosclerotic Heart Disease

Due to Diabetes mellitus
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

23. Signature Walter A Umbarger (M. D. or other) MD
 Address Springfield, Mo Date signed Nov 48
 While at work? Yes (Specify type of place or means of injury)

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Peters

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 Bernard F. Wright

Licensed Embalmer No. 4293

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.