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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36161

FILED DEC 13 1948

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1075

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)
P. near
(d) Length of stay: In hospital or institution _____
Transient (Specify whether)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town West Plains - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Pottersville Rt.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT Benjamin Harrison Fesmire
FULL NAME

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Cassie May Fesmire 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased: January 27 1889
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 11 If less than one day
hr. _____ min. _____

9. Birthplace Angus, Texas (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unk
13. Birthplace Unk (City, town, or county) (State or foreign country)
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) (State or foreign country)

16. (a) Informant Cassie M. Fesmire
(b) Address Pottersville Rt., West Plains, Mo.

17. (a) Removal (b) Date thereof 12-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director J.W. Klugger
(b) Address 424 E. Commercial St.

19. (a) 12-9-48 (b) J. H. Hurdley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 8 day _____
year 1948 hour 9:00 minute PM

21. I hereby certify that I attended the deceased from new _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from Duration _____

Due to Chest injuries

Due to _____

Other conditions Possible skull fracture

(Include pregnancy within 3 months of death)

Major findings: fracture PHYSICIAN _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: Accident

(a) Accident, suicide or homicide (specify) Accident

(b) Date of occurrence 12/8/48

(c) Where did injury occur? Holtzman Lawrence Ave
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes
Highway #66
While at work? Yes (Specify type of place) (Specify type of injury) Auto Accident

23. Signature J. H. Hurdley (M. D. or other) _____
Address Springfield, Mo Date signed 12/9/48

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 Ogle Stone Jr.
Licensed Embalmer No. 4176
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.