

FILED DEC 13 1948

Registration District No. 128

Primary Registration District No. 2000

State File No.

Registrar's No. 1068

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:
1715 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 32 years (Specify whether
years, months or days)

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. 1715 Cherry
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Othur O Ussery

3. (b) If veteran, name war No 3. (c) Social Security No. 499 07 5080

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alpha Ussery 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased January 23 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>10</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Blacksmith (Retired)

11. Industry or business

MOTHER FATHER
12. Name Pete Ussery
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Maude Davis
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Alpha Ussery
(b) Address 1715 Cherry, Springfield, Mo.

17. (a) Burial (b) Date thereof 12-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Seymour, Missouri Home

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 12-9-48 (b) W E Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
year 1948 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from October
1948 to Dec 6, 1948.
that I last saw him alive on Dec 5, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Congenitive Heart Failure Duration whs

Due to Hypertensive Cardio-renal vascular disease ?

Due to _____ ?

Other conditions cirrhosis of liver ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 13

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 0 ✓

23. Signature Alma Lohmeyer (M. D. or other) M.D.
Address Springfield, Mo. Date signed 12-7-48

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

9
2
6

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 Jewell E. Winkle

Licensed Embalmer No. 2831

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.