S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 22 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39867

Primary Registration District No. 5465

Registrar's No. 1083

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

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Rural, Springfield N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Hospital - Rt #4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 yrs (Specify whether years, months or days)

In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Sprigfield - Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Greene County Hospital
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: George David Bender

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: February (Month) 21 (Day) 1880 (Year)

8. AGE: Years 68 Months 9 Days 22 If less than one day: hr. min.

9. Birthplace: Philadelphia, Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation: Mgr Better Business Bureau

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Supt Greene County. Hospital
(b) Address: Springfield, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-14-48 (Month) (Day) (Year)

(c) Place: burial or cremation: St Louis, Missouri

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

19. (a) 12-14-48 (Date received by local registrar) (b) W. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13th year 1948 hour 3 minute 10 P M.

21. I hereby certify that I attended the deceased from 8-7-48, 19__, to 12-13-48, that I last saw him alive on 12/13, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	30 min.
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

(Specify type of place)

While at work? (e) Means of injury:

23. Signature: James G. Brazon (M. D. or other) MD

Address: Greene Co. Health Dept. Date signed: 12-14-48

(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 Jewell E. Windle

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.