

Registration District No. 128

Primary Registration District No. 5465

1. PLACE OF DEATH:

(a) County Greene
(b) City or town (Rural) Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Greene County Farm 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Years
(Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town (Rural) Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. Greene County Farm
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Washferbower

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>?</u>	<u>?</u>	hr. min.

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

10. Usual occupation None

11. Industry or business _____

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 County Farm Records

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 1/7/49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

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

(b) Address Springfield, Mo

19. (a) 1-8-49 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1949 hour 7 minute 15a. M.

21. I hereby certify that I attended the deceased from Dec 28, 1948, to Jan 6, 1949;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Suppurative Duration 7 days

Due to _____

Due to _____

Other conditions Acute upper respiratory infection 9 days
(Include pregnancy within 3 months of death)

Major findings: 5/10
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? _____
(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 _____

23. Signature James A. Brown (M. D. or other) MD

Address Dejeu Co. Health Dept signed 1-7-49

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 *Walter E Hamelton*

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.