

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15555

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 481

1. PLACE OF DEATH
a. COUNTY **Greene**
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **Springfield, Mo**
c. LENGTH OF STAY (In this place) **25 years**
d. FULL NAME OF HOSPITAL OR INSTITUTION **508 North Grant**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY **Greene**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Springfield**
d. STREET ADDRESS (If rural, give location) **508 North Grant A**

3. NAME OF DECEASED
a. (First) **Alfonso** b. (Middle) **McNew** c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **May 29 1949**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 8. DATE OF BIRTH **Oct. 10, 1883** 9. AGE (In years last birthday) **65** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Produce Co. Employee** 10b. KIND OF BUSINESS OR INDUSTRY **Produce** 11. BIRTHPLACE (State or foreign country) **unknown** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **unknown** 13b. MOTHER'S MAIDEN NAME **unknown** 14. NAME OF HUSBAND OR WIFE **widowed**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **unknown** 16. SOCIAL SECURITY NUMBER **49-83-788** 17. INFORMANT'S SIGNATURE OR NAME **Ted Wright** ADDRESS **Spngfld, Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **probably chronic Myocarditis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **unattended by a physician**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:50 AM**, from the causes and on the date stated above.

23a. SIGNATURE **W.S. Handley ind. Registrar** (Degree or title) _____ 23b. ADDRESS **City Hall Springfield Mo** 23c. DATE SIGNED **5/31/49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **6-1-49** 24c. NAME OF CEMETERY OR CREMATORY **Jefferson City Cemetery** 24d. LOCATION (City, town, or county) (State) **Jefferson City, Mo.**

DATE REC'D BY LOCAL REG. **5/31/49** REGISTRAR'S SIGNATURE **W.S. Handley ind** 25. FUNERAL DIRECTOR'S SIGNATURE **Alma Lohmeyer Jewell** ADDRESS **E. Windle Springfield**

(Licensed Embalmer's Statement on Reverse Side)

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

29
2
6

JUN 10 1946

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Jewell E. Knudde

Signed _____
Student Embalmer

Licensed Embalmer No. 2831

P. O. Address Springfield

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.