

REC'D MAR 24 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6809  
Do not use this space.

1. PLACE OF DEATH *Greene*  
 (a) County *Greene* Registration District No. *316*  
 (b) Township *Springfield* Primary Registration District No. *2001*  
 (c) City *Springfield* (d) Street No. *527 S. Newton* Registered No. *171*  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME *JAMES M. SQUIBB*  
 (a) Residence, No. *527 S. Newton* St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary E. Squibb*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 31-1864*

7. AGE YEARS *73* MONTHS *8* DAYS *24* If LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Retired Grocer*  
 9. Industry or business in which work was done, as saw mill, bank, etc. *Grocery*  
 10. Date deceased last worked at this occupation (month and year) *-* 11. Total time (years) spent in this occupation *✓*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

FATHER 13. NAME *James Squibb*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

MOTHER 15. MAIDEN NAME *Rachel Shields*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

17. INFORMANT (ADDRESS) *Mary E. Squibb Springfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Green* DATE *Feb 24 1938*

19. FUNERAL DIRECTOR (ADDRESS) *W. W. Wagner Springfield, Mo.*

20. FILED *Feb 23 1938* *Chas. T. George* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 22 1938*

22. I HEREBY CERTIFY That I attended deceased from *Feb 20 1938* to *Feb 22 1938*  
 Last saw him alive on *Feb 22 1938* Death is said to have occurred on the date stated above, at *1 a* m.  
 The principal cause of death and related causes of importance were as follows:  
*Retard Brood Cerebral Hemorrhage*  
*g.j.a.*

Other contributory causes of importance:  
*Arterio-sclerosis & Hypertension* *etc.*

Name of operation *None* Date of *-*  
 What test confirmed diagnosis? *-* Was there an autopsy? *-*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? *No* Date of injury *-*, 19*38*  
 Where did injury occur? *-* (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *None*  
 Nature of injury *-*

24. Was disease or injury in any way related to occupation of deceased? *No*  
 If so, specify *-*  
 (Signed) *Calvin J. Williams* M. D.  
 (Address) *Springfield, Mo.*

Date of onset  
*2/20/38*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J.B. Klingner, Licensed Embalmer No. 3358  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Roy A. Gavin  
#1783 Warren D. Hoblett #  
No. 4005 Wm. Max Rhodes, Registered Apprentice No. 117  
or by Wm. Max Rhodes,  
working under my personal supervision.

Signed J.B. Klingner  
Licensed Embalmer No. 3358

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.)