

Dr. Feller

REC'D APR 19 1938

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

10805  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318  
(b) Township \_\_\_\_\_ Primary Registration District No. 2001  
(c) City Springfield Mo. Street No. 1095 C. Brewer St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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.

2. PRINT FULL NAME

(a) Residence, No. 1095 C. Brewer St.  \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Richard Champion (De)  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26 - 1847  
7. AGE YEARS 80 MONTHS 7 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
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) Neoga Illinois

FATHER 13. NAME Samuel Nichols

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geny

MOTHER 15. MAIDEN NAME Martina Curry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Roscoe Champion Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Grove Cem DATE March 31, 1938

19. FUNERAL DIRECTOR (ADDRESS) Alma Schmeyer Springfield Mo.

20. FILED May 31, 1938 Chas. H. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1938  
22. I HEREBY CERTIFY, That I attended deceased from Mar. 21, 1938, to Mar 28, 1938  
I last saw her alive on 3/29/38, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10 A. m.  
The principal cause of death and related causes of importance were as follows:

Acute pericarditis following Bronchial Pneumonia

Date of onset 3-20-38

Other contributory causes of importance: Senility

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) C. E. Feller, M. D.  
(Address) Springfield Mo

WHITE CARBON, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**