

REC'D APR 19 1938

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

10816

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
(b) Township Springfield Primary Registrar St. John's Hospital Registered No. 291
(c) City Springfield (d) Street No. 300 (If death occurred in Hospital or Institution, write its name instead of street and number) St. Mo.
(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. 421 W. Webster St. Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. 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 Marquerite White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 20 - 1875

7. AGE YEARS 52 MONTHS 6 DAYS 11 If LESS than 1 day, hrs. or months

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Locomotive Engineer
9. Industry or business in which work was done, as saw mill, bank, etc. Frisco R.R. Co.
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.

13. NAME J. A. White

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

15. MAIDEN NAME Ida Fralick

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

17. INFORMANT (ADDRESS) J. D. White Springfield - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Co. DATE April 3, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. W. Ringler No. 16 Springfield, Mo.

20. FILED Apr 3, 1938 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1938 to March 31, 1938

I last saw him in situ on death, March 31, 1938. Death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

gunshot wound in the abdomen accidentally inflicted. Date of onset _____

Other contributory causes of importance: 194

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3-31, 1938

Where did injury occur? 421 W. Webster Springfield, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) Jas. D. Beston Acting Coroner

(Address) 1622 1/2 No. Robinson, Springfield, Missouri

APR 19 1944

JUL 6 1944

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 *J.B. Klugner*
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.)