

NOV 21 1938

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

35758  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 324  
(b) Township Robertson Primary Registration District No. 5-449  
(c) City Springfield, Mo (d) Street No. Route #5 Registered No. .... St. ....  
(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 168 William James Everett

(a) Residence, No. Route #5, Springfield, Mo. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
9 4 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as saw mill, bank, etc. student  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cushing Oklahoma

13. NAME Richard Everett

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

15. MAIDEN NAME Mary Skopec

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

17. INFORMANT (ADDRESS) Richard Everett Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Nov 2, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Herman H. Lohmeyer Springfield, Missouri.

20. FILED Oct 31, 1938 Miss Guy Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw him live on October 31, 1938 dead Death is said to have occurred on the date stated above, at 4:30 PM  
The principal cause of death and related causes of importance were as follows:

Coughed Chest Free of left thigh by benign sarcoma by tumor Date of onset 2 1/2 mo

Other contributory causes of importance: 2 1/2 mo

Name of operation none Date of Oct 27 1938  
What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Accident Date of injury Oct 31, 1938  
Where did injury occur Highway 13 (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public Place  
Manner of injury Run over by truck on  
Nature of injury Highway 13

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify no  
(Signed) J.P. Ferguson (Address) Greene Co

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 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 *L. Decker Gorman*

Licensed Embalmer No. *3177*

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, above space should be left blank.**