

REC'D MAR 13 1939

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

*Dr. Webb*  
6519  
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 378  
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 115  
(c) City SPRINGFIELD (d) Street No. 969 S Jefferson 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. 969 S Jefferson 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 7 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. In Home  
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) Perm

FATHER 13. NAME Joseph Barnett

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

MOTHER 15. MAIDEN NAME Hannah Cook

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

17. INFORMANT (ADDRESS) Clarence Gundale Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Feb 13, 1939

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

20. FILED Feb 13, 1939 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1939, to Feb 7, 1939  
I last saw him alive on Feb 6, 1939. Death is said to have occurred on the date stated above, at 8:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

44 1/2

Other contributory causes of importance:

arteriosclerosis

Date of onset

2-6-39

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Clinical signs Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 0 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? No

If so, specify \_\_\_\_\_ (Signed) John B. Webb, M. D.  
(Address) Springfield, Mo.

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.

39  
3  
6

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**