

REC'D MAR 13 1939

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

65270

Do not use this space.

1. PLACE OF DEATH

(a) County Greene 2 Registration District No. 316
 (b) Township Springfield 1 Primary Registration District No. 2001 Registered No. 123
 (c) or City Springfield (d) Street No. 1730 W. Thoman 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1730 W. THOMAN 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 19395A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF CORA MAUD WEIHS.22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1939, to 2-9, 19396. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26-1867I last saw h. in alive on 2-8, 1939 Death is said to have occurred on the date stated above, at 5:50 P. m.
 The principal cause of death and related causes of importance were as follows:7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 72 0 13

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

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

Cerebro Hemorrhage
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La. WeirsOther contributory causes of importance: HT13. NAME Wm14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Cora Maud Weirs Springfield, Mo.18. BURIAL, CREMATION, OR REMOVAL - PLACE Green Lawn DATE Feb 11 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Ingner Springfield, Mo.20. FILED 2-10-1939 Chas. A. Beaman Local Registrar

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) W. Kelly, M. D.(Address) Springfield, Mo.39
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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 J. B. Klingner
Licensed Embalmer No. 3358
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.