

REC'D APR 13 1939

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

10794  
Do not use this space.

1. PLACE OF DEATH  
(a) County GREENE Registration District No. 316  
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 200  
(c) City SPRINGFIELD (d) Street No. Polkman Home 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME 301 Adda Foster  
(a) Residence, No. Polkman Home 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1852  
7. AGE YEARS 87 MONTHS 0 DAYS 23 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Centerville mo  
13. NAME No Hank  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Hank  
15. MAIDEN NAME Hank  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hank

17. INFORMANT (ADDRESS) Polkman Home  
18. BURIAL, CREMATION, OR REMOVAL PLACE Harpswood DATE Mar 5 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thieme  
Springfield, Mo.  
20. FILED Mar 7 1939 Chas A George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1939  
22. I HEREBY CERTIFY That I attended deceased from Feb 28 1939 to March 6 1939  
I last saw him alive on March 6 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia (Lobar) Date of onset 7 days  
Other contributory causes of importance: 155 Long dry dry  
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? No  
If so, specify William R Beatie, M. D.  
(Signed) 301 Mcd anl Bldg (Address) Springfield Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

140223

**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, .....

*Ralph Quinn* ....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Ralph Quinn* .....

Licensed Embalmer No. *3681* .....

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.**