

APR 13 1939

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

10850
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
(b) Township N. Campbell Primary Registration District No. 2001
(c) City SPRINGFIELD (d) Street No. 1851 N. Newton Registered No. 265
(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. 1851 N. Newton 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Frances Finley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16-1864
7. AGE YEARS 78 MONTHS 0 DAYS 11 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Grove Springs Mo.
(STATE OR COUNTRY)

13. NAME Western White

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

15. MAIDEN NAME Matilda Finley

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

17. INFORMANT (ADDRESS) H. V. White 1851 N. Newton

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Mar 28 1939

19. FUNERAL DIRECTOR (NAME) Wynona Hall
(ADDRESS) Springfield Mo

20. FILED Mar 28, 1939 Chas. A. Gorge Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to March 26, 1939
I last saw him alive on 3-26, 1939 Death is said to have occurred on the date stated above, at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardiac vascular disease
10 yrs

Other contributory causes of importance: Senility
Emphysema

Name of operation _____ Date of _____
What test confirmed diagnosis? Ames 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. H. White, M. D.

(Address) Springfield

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.

WRITE PLAINLY WITH INK

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 Hoyd W. Fox

Licensed Embalmer No. 2910

P. O. Address 629 W Walnut

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.