

REC'D MAY 11 1939

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

14872

Do not use this space.

304

1. PLACE OF DEATH

(a) County GREENE

Registration District No. 318

(b) Township SPRINGFIELD

Primary Registration District No. 2001

Registered No.

(c) City SPRINGFIELD

(d) Street No. St. Johns Hospital 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

(a) Residence, No. 162 Vivian Frances Avers 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0

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. 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) Springfield, Mo.

13. NAME John Avers

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

15. MAIDEN NAME Ruby Woodley

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

17. INFORMANT (ADDRESS) John Avers 930 N. Main

18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn DATE April 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. C. Thomas Springfield, Mo.

20. FILED Apr 8 1939 Chas. A. George, Mo. Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from Apr 7, 1939 to Apr 7, 1939

I last saw h. alive on Apr 7, 1939 Death is said to have occurred on the date stated above, at 1:04 p.m.

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

Asphyxia Neonatorum

Date of onset

Other contributory causes of importance: Premature Separation of Placenta (maternal)

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

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 J. Newton Walkman, M. D.

(Signed) J. Newton Walkman (Address) Med. Art. Bldg. 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.

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J. Newton Walker  
med arts bldg

**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.....

*Ralph Thiem*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Ralph Thiem*

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.**

X