

39
MAY 11 1939

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

14925
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE Registration District No. 316
(b) Township W. Commercial Primary Registration District No. 5439 Registered No. 332
(c) City SPRINGFIELD (d) Street No. 4 miles West of Springfield on Hwy. 66
(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 Harvey J. Shrevethan
(a) Residence, No. Nichols Junction St. Nichols Mo
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-18-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 6 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.P.A.
9. Industry or business in which work was done, as saw mill, bank, etc. Labourer
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) Brookline, Missouri

FATHER 13. NAME Walter J. Shrevethan

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

MOTHER 15. MAIDEN NAME Eliya Holloway

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

17. INFORMANT (ADDRESS) Mrs. Myrtle Shrevethan Nichols Junction

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookline DATE April 23, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alma Bohmeyer Springfield Mo

20. FILED Apr 23 1939 Chas. A. Gensem Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from

..... 19..... to 19.....
I last saw him dead on 4-20-39 Death is said to have occurred on the date stated above, at 11 P. m.

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

Struck by Greenhound Bus on Highway 66 West of Nichols School

Other contributory causes of importance:

Name of operation Date of
2/10/39

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? accident Date of injury 4-20, 1939

Where did injury occur? Highway 66 just south of Nichols Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

public place

Manner of injury struck by bus, while walking

Nature of injury on highway

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Bureford M. D.

Acting Coroner

Springfield Mo

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.

X