

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

Do not use this space.  
**43410**  
943

**1. PLACE OF DEATH**  
 (a) County GREENE Registration District No. 318  
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 943  
 (c) City SPRINGFIELD (d) Street No. St. Johns Hospital 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** James Edward Firestone  
 (a) Residence, No. 821 N. Main 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) Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF Hisa Firestone  
 (OR) WIFE OF

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Nov 28 1916

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>23</u>	<u>0</u>	<u>29</u>	

**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Refrigeration  
**9. Industry or business in which work was done, as saw mill, bank, etc.** Service  
**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)** Basin D'Arcy Missouri

**FATHER**  
**13. NAME** Felix Firestone 9

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown

**MOTHER**  
**15. MAIDEN NAME** Carrie Spencer

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown

**17. INFORMANT (ADDRESS)** Mrs. Hisa Firestone Springfield Mo

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Healey Cem. DATE 12/29 1939

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Redburn & Royal Basin D'Arcy Mo

**20. FILED** 12/27 1939 Chas. A. George Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 12-27 1939

**22. I HEREBY CERTIFY, That I attended deceased from** Dec 21 1939 to Dec 27 1939  
 I last saw h. M. alive on Dec 27 1939. Death is said to have occurred on the date stated above, at 2:23 p.m.  
 The principal cause of death and related causes of importance were as follows:

Shrapnel wound rupture of heart Dec 16/39

Other contributory causes of importance: Bilateral pleurisy 115 C 12-27-39

Name of operation none Date of no  
 What test confirmed diagnosis? chest x-rays 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 \_\_\_\_\_  
 (Signed) [Signature] M. D.  
 (Address) 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.

**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.....

*E. O. Moshey*

Licensed Embalmer No. *17670*

P. O. Address *Springfield*

**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.**

*y*