

No. 2  
-11-10-39  
5-17-39  
-1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18439  
State File No.  
463  
Registrar's No.

Registration District No. 318

Primary Registration District No. 2001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 month  
(Specify whether  
In this community 20 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 222 W. Court  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME GLEN MILLER DEGRAFFENREID

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married divorced Married  
6. (b) Name of husband or wife Juanita Degraffenreid 6. (c) Age of husband or wife if alive 20 years  
7. Birth date of deceased December 13 1915  
(Month) (Day) (Year)

8. AGE: Years 1 24 Months 5 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Polk County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Springfield Bottle Works

12. Name John Degraffenreid

13. Birthplace Polk Co. Mo. U  
(City, town, or county) (State or foreign country)

14. Maiden name Mable Taylor

15. Birthplace Greene Co. Mo. U  
(City, town, or county) (State or foreign country)

16. (a) Informant John Degraffenreid

(b) Address 1517 Boonville Springfield Mo.

17. (a) Burial (b) Date thereof May 24 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director R. C. Higgins  
(b) Address Springfield, Mo.

19. (a) May 24 1940 (b) W. E. Handley M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23<sup>rd</sup>  
year 1940 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from 4-14  
\_\_\_\_\_, 1940, to 5-23, 1940;  
that I last saw him alive on 5-22, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Gingivitis infection  
Pri-vascular acid

Due to Ruptured Bladder

Due to Fractured Pelvis  
caused by car wreck

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Rpt bladder

Of autopsy above

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence April 14 1940

(c) Where did injury occur Springfield Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public street (riding in car)

While at work? no (e) Means of injury Car wreck

23. Signature R. M. White (M. D. or other) \_\_\_\_\_  
Address Springfield Mo. Date signed 5/1

Duration 5 wks  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

which collected with another card

SEP 20 1945

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**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.....

*R. A. Thiers*

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