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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 529

Registration District No. 318 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: 531 W. Lynn St.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield
(d) Street No. 531 W. Lynn
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME LAUDE W. CHERRY 600

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 21
year 1940 hour 4 minute 40 A.M.

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

21. I hereby certify that I attended the deceased from 6/10 1940 to 6/21 1940
that I last saw him alive on 6/20 1940
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 24 1874
(Month) (Day) (Year)

Immediate cause of death Central Nervous System Duration 10 days

8. AGE: Years 65 Months 10 Days 27 If less than one day _____ hr. _____ min.

Due to Arterio Sclerosis
Arterio Sclerosis

9. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Retired Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Farming

Major findings:
Of operations:

12. Name of informant W. E. Handley

Of autopsy _____

13. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

14. Maiden name Patterson

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant L. Logan
(b) Address Springfield Mo.

17. (a) Funeral (b) Date thereof June 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director W. E. Handley
(b) Address Springfield Mo.

19. (a) JUNE 22, 1940 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

Physician _____
Underline the cause to which death should be charged statistically.

Signature W. E. Handley (Specify type of place) _____
Address Springfield Mo. (M. D. or other) _____
Date signed 6/21/40

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

9
3
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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.....

Ogle Stone Jr., Registered Apprentice No. *233*
working under my personal supervision.

Signed *Warren D. Noblett*

Licensed Embalmer No. *4005*

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.

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