

FILED AUG 9 1940

25241

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 638  
Registrar's No.

Registration District No. 316

Primary Registration District No. 2001

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 Hosp.  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 3 days  
In this community 20 years  
years, months or days (Specify whether)

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. Metropolitan Hotel  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Osterhout 236

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

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

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

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 40 hr. min.

9. Birthplace: Cleveland Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation None  
11. Industry or business None

12. Name William B. Osterhout

13. Birthplace Lancaster Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Grace E. Collins

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

16. (a) Informant W. E. Handley  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Aug. 3, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Normal Cemetery

18. (c) Signature of funeral director H. H. Lohmeyer  
(b) Address Springfield, Mo.  
19. (a) Aug 3, 1940 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
year 1940 hour 1 minute 8 A. M.

21. I hereby certify that I attended the deceased from July 27  
1940 to July 31, 1940;  
that I last saw him alive on July 30, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Sudden Heart Failure  
Due to Hemorrhage  
Due to Peptic Ulcer  
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None  
Of autopsy None

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

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? 9911

(Specify type of place) 9911  
While (a) at work (b) Means of injury \_\_\_\_\_

23. Signature W. E. Handley (M. D. or other) 1  
Address Springfield, Mo. Date signed 8/2/40

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

AUG 2 1951

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 *Carl S. Lukens*

Licensed Embalmer No. *2457*

P. O. Address *Springer*

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.