

FILED OCT 10 1940

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

32031

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township Springfield Primary Registration District No. 2091
 (c) City Springfield or St. Johns Hosp (If death occurred in Hospital or Institution, write its name instead of street and number)
 (d) Street No. St. Johns Hosp
 (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.

Registered No. 748

2. PRINT FULL NAME

(a) Residence, No. Springfield Mo. R. # 9 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 (OR) WIFE OF Eva Gusler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1886

7. AGE YEARS 54 MONTHS 2 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steam Engineer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Paytding County (STATE OR COUNTRY) Ohio

FATHER 13. NAME John Gusler

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. William Preston
Unknown

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak DATE Sept. 16, 1940

19. FUNERAL DIRECTOR (NAME) Kelley and Ferrell (ADDRESS) Bozarsville Mo

20. FILED Sept. 16, 1940 W. E. Handley MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1940, to 9-13-5:30 pm, 1940
 I last saw him alive on 9-13, 1940. Death is said to have occurred on the date stated above, at 5:30 pm.
 The principal cause of death and related causes of importance were as follows:

Cerebral trauma
 Date of onset 7:10 AM

Other contributory causes of importance:

Auto collision with farm wagon on farm to market rd near Idlers, Mo

Name of operation Examination Date of 7-10
 What test confirmed diagnosis Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 9-13, 1940

Where did injury occur? Green Co. Mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public highway (farm to market)

Manner of injury Auto collision with farm wagon
 Nature of injury Cerebral trauma (the road is curving)

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) J. Ferrell M. D.
 (Address) 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.....

YKH Kelley

Licensed Embalmer No.....

3334

P. O. Address.....

Hyman ma

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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