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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. [redacted] A. KNABB

State File No. 32089

Registration District No. 318 Primary Registration District No. 5439 Registrar's No. 731

1. PLACE OF DEATH:
(a) County GREENE N. Campbell
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community
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. Route # 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Isaiah L. Packer

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Etta Packer
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased May (Month) 6 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 84	4	1	hr. min.

9. Birthplace Salem (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Retired Stockman 1
11. Industry or business
FATHER
12. Name Thomas Packer 1
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name (Unknown) Lanton
15. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant Mrs. Frank Lyons
(b) Address Route # 2 Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 9-9-40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7
year 1940 hour 6 minute 30 p.M.
21. I hereby certify that I attended the deceased from Sept 1st, 1940 to Sept 7, 1940
that I last saw him alive on Sept 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction 5 days
Due to cause of obstruction undetermined
Due to 122 B
Other conditions Chr. Endocarditis. Arterio-sclerosis
(Include pregnancy within 3 months of death)
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
(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? 9 9 11 (Specify type of place)
While at work? (e) Means of injury
23. Signature Arthur D Knabb M.D. or other M.D.
Address 450 1/2 E. Cowil Date signed 9-10-40

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.