

No. 2
4-14-40
-17-39
X23159

FILED FEB 14 1941

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 15

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: 635 S. Campbell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)

In this community 29 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 635 S. Campbell
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Greenbury W. Mongold

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1941 hour One minute 1 P. M.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Johanna Mongold

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Nov 29 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/16, 1940 to Jan 5, 1941;
that I last saw h. 1 M alive on Jan. 3, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 1 Days 6 If less than one day hr. _____ min. _____

Immediate cause of death Arteriosclerosis of liver 1 year
124
10

9. Birthplace Not Known Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farming

11. Industry or business Farmer

Due to _____

Due to _____

Other conditions Smoking
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Jacob Mongold

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

14. Maiden name Unknown

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

Major findings: _____
Of operations _____

Of autopsy _____

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

16. (a) Informant Willard A. Mongold

(b) Address 722 S. Broadway

17. (a) Burial (b) Date thereof Jan. 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director E. P. Thieme

(b) Address 1100 Booneville Ave

19. (a) Jan 7, 1941 (b) W. E. Handley Jr.
(Date received local registrar) (Registrar's signature)

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? Yes

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. E. Handley Jr. (M. D. or other) MD
Address Springfield Mo Date signed 1/6/41

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

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 *Phillips*

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, fact should be so stated above.