DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14572

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 346

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hoz (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Ozark Mo. (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME Arren S. Page

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased June (Month) Unknown (Day) 1869 (Year)

8. AGE: Years ✓ 71 Months 10 Days Unknown If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Oliver Page
13. Birthplace Unknown North Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Grimlin
15. Birthplace Unknown Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Albert Page

(b) Address Ozark Mo. R.R.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof April 24 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Selmore Cemetery

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo.

19. (a) 4-24-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature) RB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd year 1941 hour 6 minute 25 A. M.

21. I hereby certify that I attended the deceased from April 4, 1941, to April 22, 1941; that I last saw him alive on April, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	4 days
Due to Fracture left femur and Traumatic laceration	12 days
Due to ~~received from auto collision of two cars~~	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) accident

(b) Date of occurrence April 10 1941

(c) Where did injury occur? Ozark (City or town) Christian (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? A & Y public place (Specify type of place)

While at work? no (e) Means of injury Struck by auto

23. Signature Daniel L. Yancey (M. D. or other)

Address Springfield, Mo. Date signed 5-2-41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19511

Highway report - 7-31-41

Was a pedestrian on city street struck by auto.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.