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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 927

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 Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community 57 years
(Specify whether 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. 2004 S. Campbell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bessie Ann Tong

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marvin A. Tong 6. (c) Age of husband or wife if alive Unknown
7. Birth date of deceased July 25, 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 2 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business In Home

12. Name J. A. Caldwell

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

14. Maiden name Josephine Fondren

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

16. (a) Informant Marvin A. Tong, Sr.

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 11/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parsons Cem.

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 11-29-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27,
year 1941 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from
Nov 20 to Nov 27, 1941,
and that I last saw him alive on Nov 27, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular - Renal
Failure Duration 5 yrs.

Due to 126

Due to _____

Other conditions Cholecystectomy 3 days
(Include pregnancy within 3 months of death)
prior to death.

Major findings: one large gall stone

Of operations found.

Of autopsy _____

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?

While at work? _____ (Specify type of place)

(g) Means of injury ---

Signature W. E. Handley (M. D. or other) MD

Address Springfield Mo Date signed 11/1/41

(Licensed Embalmer's Statement on Reverse Side)

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

984

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 *Wayne Schickel*

Licensed Embalmer No. *3449*

P. O. Address *Springfield*

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.

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