

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Heimburger
71958
State File No. _____
Registrar's No. 943

JAN 7 1942
Registration District No. 318

Primary Registration District No. 2001

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield *City*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1224 E. Bennett /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 11 Months (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene *39*
(c) City or town Springfield
(If outside city or town limits, write "RURAL") *6*
(d) Street No. 1224 E. Bennett
(If rural, give location) *0*
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Roy Springer
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 2
year 1941 hour 10 minute 15 a.m.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife: Katherine Springer
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Nov. 15, 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 25, 1941 to Dec. 2, 1941
that I last saw him alive on Dec. 2, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Thrombosis, coronary Duration 2 yrs.

8. AGE: Years Months Days If less than one day
49 0 17 hr. min.

Due to _____
Due to _____
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

9. Birthplace Elm Creek Michigan
(City, town, or county) (State or foreign country)
10. Usual occupation Wholesale Drugs

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Howard D. Springer
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Lelia Worley
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Springer
(b) Address Springfield, Mo.

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? _____

17. (a) Cremation (b) Date thereof Dec. 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Saints Louis, Missouri
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 12-5-41 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury 0
23. Signature Dr. Heimburger (M. D. certifying)
Address Springfield, Mo. Date signed 12/3/41

984 (Licensed Embalmer's Statement on Reverse Side)

JAN 2 1942

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 L. Pauline Gorman

Licensed Embalmer No. 3177

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.