

L No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41942

State File No. _____

FILED JAN 21 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 1015-A

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

4
2
6

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 Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hr.
(Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME Wilder - Baby

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 Infant

6. (b) Name of husband or wife Inf

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

7. Birth date of deceased Dec 29 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>8 hr.</u> - min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Wilder - Ches

13. Birthplace Detroit - Mich
(City, town, or county) (State or foreign country)

14. Maiden name Ripka - Gertrude

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

16. (a) Informant Mother - Mrs. Wilder

(b) Address 712 E. Elm St. Spfld. Mo

17. (a) Cremation (b) Date thereof Dec 30-41
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation O'Reilly Hosp. Spfld. Mo

18. (a) Signature of funeral director Family Disposal

(b) Address Springfield, Mo

19. (a) 12 30 41 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

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. 712 E. Elm
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1941 hour 3 minute 05 A. M.

21. I hereby certify that I attended the deceased from 12/29/41
_____, 19____, to 12/30, 19____;

that I last saw him alive on 12/29/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death atelectasis of lungs

Due to Premature Infant (5 1/2 mos)

Due to _____

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Incomplete formation of lower two thirds of each lung

Duration Birth

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. E. Handley (M. D. or other) _____

Address O'Reilly Gen'l Hosp. Date signed 12/30/41

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, fact should be so stated above.