No. 2
-13-40
-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6665

Primary Registration District No. 2001

Registrar's No. 151

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: 1837 BENTON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 DAYS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 1837 Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

39-2-6

3. (a) PRINT FULL NAME: GLEN EDWARD FISHER
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife: NONE
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: Feb (Month) 8 (Day) 1942 (Year)

8. AGE: Years 0 Months 0 Days 16 If less than one day — hr. min.

9. Birthplace: Springfield (City, town, or county) Mo. U (State or foreign country)
10. Usual occupation: Infant
11. Industry or business: at Home
MOTHER FATHER
12. Name: James L. Fisher
13. Birthplace: Kansas City (City, town, or county) Mo. U (State or foreign country)
14. Maiden name: Pilma N. Pryor
15. Birthplace: Springfield (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: James L. Fisher
(b) Address: Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 25 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cem.
18. (a) Signature of funeral director: J. W. Klugner & Co.
(b) Address: Springfield Mo.
19. (a) 2-25-42 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24th year 1942 hour 1 minute 00 A.M.
21. I hereby certify that I attended the deceased from 2-23-42, 19__, to 2-24-42, 19__; that I last saw him alive on 2-23-42, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	16 days
Bronchial Pneumonia	1 day
Due to	
Due to	
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other)
Address: Springfield, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.