V. S. No. 2
10M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14280

Registration District No. 297 | Primary Registration District No. 3016 | Registrar's No. 41

1. PLACE OF DEATH:
(a) County: FRANKLIN
(b) City or town: WASHINGTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 817 E. 2nd St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 40 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin
(c) City or town: Washington (If outside city or town limits, write "RURAL")
(d) Street No.: 817 E. 2nd St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: FERDINAND SPRINGGATE
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: Married
6. (b) Name of husband or wife: Addie S. Springgate
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: April (Month) 25 (Day) 1858 (Year)

8. AGE: Years 83 | Months 11 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace: Berger (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Telegraph Operator
11. Industry or business: Mo Pac. R.R. Co.
FATHER
12. Name: Wm Perry Springgate
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name: Sarah Sullins
15. Birthplace: Franklin County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Glapiche Springgate
(b) Address: Washington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 24, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington, Mo.
18. (a) Signature of funeral director: Nieburg & Witt Inc
(b) Address: Washington, Mo
19. (a) April 22, 1942 (Date received local registrar) (b) Lucile Ruetten (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st year 1942 hour 7 00 minute P M.
21. I hereby certify that I attended the deceased from January 29th 1939 to April 21 1942 that I last saw him alive on April 21 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prostatic carcinoma with metastasis to glands of neck, left breast and left arm.	3 yrs.
Due to: End effects of acute cardiac dilatation and pulmonary Edema	36 hrs.
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? ✓
While at work? ✓ (Specify type of place) (e) Means of injury: ✓

23. Signature: H. A. May (M. D. or other) M.D.
Address: Washington, Mo Date signed: 4/23/42

(Licensed Embalmer's Statement on Reverse Side)

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

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 Me Lester H. Utt, ~~Registered Apprentice No.~~, working under my personal supervision.

Signed Lester H. Utt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.