

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14405**

FILED MAY 8 1942

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **2160**

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: **1619 N. Campbell**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 yr. 3 mo. 10 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **FREDDIE SUE WINGO.**

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 **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: **Dec. 21 1940**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	1	3	10	hr. min.

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

10. Usual occupation **Infant**

11. Industry or business **Ind home**

12. Name **Ray Wingo**

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

14. Maiden name **Bertrude Highfill**

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

16. (a) Informant **Bertrude Wingo.**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **April 2-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem.**

18. (a) Signature of funeral director: **J.W. Kingler**
(b) Address **Springfield, Mo.**

19. (a) **4-2-42** (b) **J. W. Kingler**
(Date received local registrar) (Registrar's signature)

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. **1619 N. Campbell**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **0** years.

20. DATE OF DEATH: Month **April** day **1st**
year **1942** hour **1** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Apr. 1**, 19**42** to **Apr. 1**, 19**42** that I last saw her alive on **Apr. 1**, 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia 2 days**

Due to _____

Due to _____

Other conditions **Pertussis**
(Include pregnancy within 3 months of death) **3 wks**

Major findings: Of operations **9**

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) (e) Means of injury **D**

23. Signature **Arthur S. Knapp** (M. D. or other) **M.D.**
Address **450 W. E. Conil** Date signed **4-1-42**

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

MOTHER FATHER

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

Ray Robinson

Licensed Embalmer No. *1763*

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.