

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Greene
 (a) County.....
 (b) City or town. Springfield
 (c) Name of hospital or institution:
1201 N. Park
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community. 2 years
 years, months or days) (Specify whether)

3. (a) PRINT FULL NAME CORNELIUS A. SAXBY

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 Nettie Saxby 6. (c) Age of husband or wife if alive. 66 years

7. Birth date of deceased. February 1, 1863
 (Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 12 If less than one day
 hr. min.

9. Birthplace. Bordonville, Vermont
 (City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Charles Saxby

13. Birthplace. Unknown Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Sylvania Smith

15. Birthplace. Unknown Canada
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C.A. Saxby

(b) Address 1201 N. Park, Springfield, Mo.

17. (a) Burial (b) Date thereof 10/15/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation near Fair Play, Mo.

18. (a) Signature of funeral director. Fred C. Thieme
 (b) Address Springfield, Mo.

19. (a) 10-15-42 (b) E. W. Handley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 39
 (a) State Missouri (b) County Greene
 (c) City or town. Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1201 N. Park
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th
 year 1942 hour 5:11 minute P. M.

21. I hereby certify that I attended the deceased from July, 1940 to Oct. 13, 1942
 that I last saw him alive on 10-13-42, 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to.....
 Due to.....

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

Major findings: 101
 Of operations.....
 Of autopsy.....

Duration
 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)
 Means of injury 5

23. Signature [Signature] (M. D. or other)
 Address Springfield, Mo. Date signed 10-15-42

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. 2899.....

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.