

Registration District No. 122

Primary Registration District No. 5454

Registrar's No. \_\_\_\_\_

39  
0  
0

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

1. PLACE OF DEATH: Greene  
 (a) County Greene  
 (b) City or town Rural Bond Creek Twp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Sanfeld  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution ✓ (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

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

3. (a) PRINT FULL NAME WILLIAM WINTER

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov day 11  
 year 1942 hour 10 minute P M.

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

21. I hereby certify that I attended the deceased from Jan 1  
 \_\_\_\_\_, 1941, to Nov 11, 1942:  
 that I last saw him alive on Nov 11, 1942:  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Lobar Pneumonia Duration 4 days

7. Birth date of deceased Jan 10 1855  
 (Month) (Day) (Year)

Due to Patty Heart with insufficient valves

8. AGE: Years 87 Months 6 Days 1 If less than one day hr ✓ min \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Fayette Illinois  
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 108

10. Usual occupation Retired

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

11. Industry or business Farming

MOTHER FATHER { 12. Name Walter  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Don't know  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant E. M. Winter  
 (b) Address Winslow Ark

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Russial (b) Date thereof Nov 13, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wade Chapel Co. Republic, Mo.

(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? \_\_\_\_\_

18. (a) Signature of funeral director R. C. Thummeuld Co.  
 (b) Address Republic Mo.

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

19. (a) 11-13-42 (b) Florence Britain  
 (Date received local registrar) (Registrar's signature)

23. Signature E. L. Seal (M. D. or other) MD  
 Address Republic Mo Date signed Nov 12-42

RECEIVED

Greene County Health Office,

County File Number 42-12-103

Date Filed 12/10/42

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.....

E. M. Thurman

Licensed Embalmer

Registered Apprentice No. 3687

working under my personal supervision.

Signed

R. E. Thurman

Licensed Embalmer No. 503

P. O. Address Republic, 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.