

FILED FEB 20 1943 128

Registration District No. 242

Primary Registration District No. 2000

Registrar's No. 107

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

1. PLACE OF DEATH: **GREENE**

(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:
1493 S. Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **58 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")

(d) Street No. **1493 S. Jefferson**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Arch J. Firestone**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **Unknown**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Arch J. Firestone**
(Correct)

6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **Jan. 6 1885**
(Month) (Day) (Year)

8. AGE: Years 58	Months 0	Days 28	If less than one day hr. _____ min.
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9. Birthplace **Greene County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **City Food Inspector**

11. Industry or business _____

MOTHER FATHER

12. Name **William Firestone**

13. Birthplace **Greene County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Archie Firestone**

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

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Feb. 7, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn**

18. (a) Signature of funeral director **H.H. Lohmeyer**

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

19. (a) **2-6-43** (Date received local registrar)

(b) **H. W. Handley** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **4** year **1943** hour **10** minute **45** p.m.

21. I hereby certify that I attended the deceased from **Feb 5** to **Feb 4 1943**
that I last saw him alive on **1/25/43** and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Heart Disease 6yr**
Due to **Coronary Thrombosis in 1937 followed by recent myocardial failure**

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

Major findings: Of operations **9 & a**
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? _____

23. Signature **Dr. Calloway** (M. D. or other) **MD**
Address **Springfield** Date signed **2/6/43**

Duration
Physician
Underline the cause to which death should be charged statistically.

984

MAY 2 1946

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 Walter E. Hammett

Licensed Embalmer No. 3808

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.