

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Fitch 28303

State File No. _____

Registrar's No. _____

Registration District No. 128Primary Registration District No. 2000706

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: Burge Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 1/2 Days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Isaac E. Ward3. (b) If veteran,
name war no3. (c) Social Security
No. no

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive Dec. 1875
 7. Birth date of deceased February 3 1871
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>23</u>	hr. min.

9. Birthplace Powhalthau Arkansas
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Unknown
 13. Birthplace Unknown Unknown
 (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. Irene Tyndle(b) Address Springfield, Mo.17. (a) Burial (b) Date thereof Aug. 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation West Plains, Mo.18. (a) Signature of funeral director H.H. Lohmeyer(b) Address Springfield, Mo.19. (a) 8-28-43 (b) Dr. W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
 (c) City or town Springfield 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2264 N. Ramsey
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26
year 1943 hour 8 minute 08 p. M.21. I hereby certify that I attended the deceased from Aug 26 to Aug 26, 1943
that I last saw him alive on Aug 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardio-renal-vascular
Disease

Duration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 13/0

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 job) (Manner of injury) 023. Signature Max Fitch (M. D. or other) MD
Address Springfield, Mo. Date signed 8-28-43

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 Hamill

Licensed Embalmer No. *3808*

P. O. Address.....

Greenville MD

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.