S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. FILED JAN 1 1284 Primary Registration District No. 2000 Registrar's No. 1057

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town SPRINGFIELD MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist O Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE

(c) City or town ~~SPRINGFIELD~~ Rural, N Campbell
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D # 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN TEETER

3. (b) If veteran, name war NONE

3. (c) Social Security No. 500-10-3346

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SUDIE TEETER

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July (Month) 25 (Day) 1875 (Year)

8. AGE: Years 68 Months 4 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace BRIGHTON (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business CARPENTERING

FATHER
12. Name Johnathan Teeter
13. Birthplace Unk. (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Margaret Mitchell
15. Birthplace Unk. (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Wilbur Roper

(b) Address SPRINGFIELD MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-43 (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cem

18. (a) Signature of funeral director J.W. Klingner & Co

(b) Address SPRINGFIELD MO

19. (a) 12-24-43 (Date received local registrar) (b) Or W. E. Hand Cty (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th year 1943 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec 22, 1943 to Dec 24, 1943 that I last saw him alive on Dec 24, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Labor Pneumonia	
Due to Influenza	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

B3R

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Walter Smith (M. D. or other) MD

Address Springfield Mo. Date signed 12-24-43

(Licensed Embalmer's Statement on Reverse Side)

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. .....

P. O. Address .....

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.