No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2931

FILED FEB 10 1944

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 71

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 25years

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. 880 N. Campbell
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Charles Dye Teal
3. (b) If veteran, name war Unknown
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 Jewell Teal
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased May (Month) 19, (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
75	7	28	hr. min.

9. Birthplace Springfield, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Unk.
FATHER 13. Birthplace Unk. (City, town, or county) Unk. 9 (State or foreign country)
MOTHER 14. Maiden name Unk.
MOTHER 15. Birthplace Unk. (City, town, or county) Unk. 9 (State or foreign country)
16. (a) Informant Mrs. Jewell Teal
(b) Address 880 N. Campbell Spfd., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 / 18/44 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 1-18-44 (Date received local registrar) (b) E W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th year 1944 hour 3:20 minute A. M.
21. I hereby certify that I attended the deceased from April 28, 19 43, to January 16, 19 44 that I last saw him alive on January 16 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Insufficiency	10 Mo.
Due to Aterioclerosis	Yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 (M. D. or Coroner)
Address Spfd., Mo. Date signed 1-17-44

787 (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 Harlow Krabb

Licensed Embalmer No. 4065

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.