

FILED JUN 9 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 4157

Registrar's No. _____

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City or town UNION
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
COUNTY INFIRMARY 5
(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 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County FRANKLIN ³⁶
(c) City or town UNION (If outside city or town limits, write "RURAL") ⁵
(d) Street No. _____ (If rural, give location) ⁰
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRED SPRINGMEYER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 31
year 1944 hour 9 minute h M.
21. I hereby certify that I attended the deceased from 5-31 1944
to 5-30 1944
that I last saw him alive on 5-30 1944
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 18 1856
(Month) (Day) (Year)

Immediate cause of death Septicemia
Duration _____

8. AGE: Years Months Days If less than one day
88 2 10 hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace JEFFERSON COUNTY Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation none
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Dreas
(b) Address Union Mo
17. (a) Burial (b) Date thereof 6 4 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Clair Mo
18. (a) Signature of funeral director Cosy Undertaking Co
(b) Address St. Clair Mo
19. (a) June 4 1944 (b) Samuel H. Meyer
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
Means of injury 0
23. Signature Wm. Denny (M. D. or other) MD
Address Union Mo Date signed 6-4-44

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 6-8-44

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

Geo. L. Shuler

Licensed Embalmer No.

3008

P. O. Address

Pacific N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.