

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2681**

FILED **1946**  
Registration District No. **128**

Primary Registration District No. **5465**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Rural, S. Campbell Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Greene County Arms House  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town: Rural, Spfd., S. Campbell Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No.: Route #7  
(If rural, give location)  
(e) Citizen of foreign country? No  
If yes, name country None

3. (a) PRINT FULL NAME George Washington Cash

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased Mar. 17, 1891  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 3 If less than one day hr. min.

9. Birthplace UNK. Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name George W. Cash, Sr.

13. Birthplace UNK. Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Armenia Summons

15. Birthplace UNK. Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant William A. Cash

(b) Address Brinkley, Ark.

17. (a) Burial (b) Date thereof Jan 23, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (c) Signature of funeral director William D. Curran

(b) Address 1-21-46 (c) W. S. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1946 hour 4:55 minute P. M.

21. I hereby certify that I attended the deceased from Jan 14, 1946 to Jan 20, 1946  
that I last saw him alive on Jan 19, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia Cerebral hemorrhage  
Due to: None

Duration  
36 hrs.  
6 days.

Due to: \_\_\_\_\_  
Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: 107

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 object) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature James K. Amos (M. D. or other) \_\_\_\_\_  
Address Springfield Mo Date signed 1-20-46

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

699

111

(Licensed Embalmer's Statement on Reverse Side)

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 Richard P. Erwin.....

Licensed Embalmer No. 3092.....

P. O. Address Baltimore, 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.**

X