

FILED MAY 27 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 398

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

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:
1225 North Clay (res) /
(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

3. (a) PRINT FULL NAME ANDREW A. SOUTH

3. (b) If veteran, name war UNK. 3. (c) Social Security No. UNK.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula E. South 6. (c) Age of husband or wife if alive UNK. years

7. Birth date of deceased July 20, 1915
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>72</u>	<u>9</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Mobile, Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate and Loan

11. Industry or business _____

12. Name Peter South

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

14. Maiden name Lucy Moore

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

16. (a) Informant Mrs. Lula South

(b) Address 1225 North Clay, Spfld., Mo.

17. (a) Burial (b) Date thereof 5-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME

(b) Address 534 St. Louis St., Spfld., Mo.

19. (a) 5-11-46 (b) Dr. W. J. 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. 1225 North Clay 6
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1946 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2-24, 1938 to 5-9, 1946
that I last saw him alive on 5-7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with Coronary Thrombosis
Due to Arteriosclerosis 10 years +

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 97
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? _____

While at work? _____ (Specify type of place) (Means of injury) 0
23. Signature E. S. Kelly (M. D. or other)
Address Springfield, Mo. Date signed 5/10/46

NOV 14 1949

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 Lewis G Schupf

Licensed Embalmer No. 38026

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.

X