

S. No. 2
M-1-4-41
v. 5-17-39
K26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 11 1946
Registration District No. 128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 2000

State File No. 19969
Registrar's No. 499a

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: O'Reilly General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County Hidalgo
(c) City or town Mercedes
(If outside city or town limits, write "RURAL")
(d) Street No. Colonia Garza Addition
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ruben Garcia
3. (b) If veteran, name war WORLD WAR II
3. (c) Social Security No. UNK

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 XX years
7. Birth date of deceased May 8 1928
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 1 2 hr. min.

9. Birthplace MERCEDAS Texas
(City, town, or county) (State or foreign country)

10. Usual occupation TRUCK DRIVER

11. Industry or business

MOTHER FATHER
12. Name Rafael Garcia
13. Birthplace UNK Texas
(City, town, or county) (State or foreign country)
14. Maiden name Manuela Webber
15. Birthplace UNK UNK
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. CAROLINE CUELLAR

(b) Address Colonia Garza Add; Mercedes

17. (a) Removal (b) Date thereof June 10, 1946
(Burial, cremation, or re-oval) (Month) (Day) (Year)

(c) Place: burial or cremation Mercedes, Texas

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address 534 ST. LOUIS STREET

19. (a) 6-10-46 (b) W. H. Hamilton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 10
year 1946 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from 8 June 1946 to 10 June 1946
that I last saw him alive on 9 June 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Extradural hematoma temporal region, left; and Edema, cerebral
Due to Fracture, skull, basilar
Due to Accident while swimming

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1958/10
Of autopsy Confirmation of above diagnoses.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Time of occurrence 8 June 1946
(c) Where did injury occur? St. Louis, Ill Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Swimming pool
(Specify type of place)

23. Signature Arthur S. Chewett (M.D. or other)
Address Mercedes, TX Date signed 6/10/46
While at work Swimming (e) Means of injury while diving

(Licensed Embalmer's Statement on Reverse Side)
O'Reilly Gen, Springfield, Mo.

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

10843

111

X

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..... *Frank Noble*

Licensed Embalmer No. *4140*

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.