

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrator's No. 804

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH: **GREENE**
(a) County _____
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 yrs
years, months or days)

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. 2251 North Fremont
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LUTHER M. FENDER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 4
year 1946 hour 2:30 P.M. minute _____ M. _____
21. I hereby certify that I attended the deceased from
Sept 1 1946, to Sept 4 1946
that I last saw him alive on Sept 4 1946
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Fender 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____ Duration _____
Cardio-renal Vascular 1 yr.
Disease
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

7. Birth date of deceased December 30, 1876
(Month) (Day) (Year)
8. AGE: Years 69 Months 9 Days 4
If less than one day _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
131A
Underline the cause to which death should be charged statistically.

9. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Saw Mill operator and City Street Dept. Spfd., Mo.

11. Industry or business _____
12. Name John W. Fender
13. Birthplace ? ?
(City, town, or county) (State or foreign country)
14. Maiden name Marse Fender
15. Birthplace ? ?
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Fender (wife)
(b) Address 2251 N. Fremont
17. (a) Burial (b) Date thereof 10-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery

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) (e) Means of injury _____
23. Signature Walter H. Hardy (M. D. or other) MD
Address Springfield Mo Date signed 10-5-46

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
SPRINGFIELD, MISSOURI
(b) Address _____
19. (a) 10-5-46 (b) W E Hardy MD
(Date received local registrar) (Registrar's signature)

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

9
2
6

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..... *L. A. Roof*

Licensed Embalmer No. *3044*

P. O. Address *Springfield*

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.

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