

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1947
128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40272
Registrar's No. 1032

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: City Hospital
(d) Length of stay: In hospital or institution 7 days
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 911 S. Warren Ave.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME NOAH SPRINGER
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 21st
year 1946 hour 4:00 A.M. minute M.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 22 1862

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

8. AGE: Years 84 Months 5 Days 29

Immediate cause of death Cerebral Hemorrhage
Due to
Due to
Other conditions
Major findings
Of autopsy

9. Birthplace Wash. Co MO
10. Usual occupation None

11. Industry or business
12. Name Chas
13. Birthplace Wash. Co MO
14. Maiden name Eliza Martin
15. Birthplace Wash. Co MO

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Oral Springer
(b) Address Potosi MO
17. (a) (b) Date thereof Dec 21, 1946
(c) Place: burial or cremation Potosi, Missouri

23. Signature L. E. B. Abbott (M. D. or other)
Address 219 1/2 Walnut Date signed 12/21/46

18. (a) Signature of funeral director Fred G. Thieme
(b) Address Springfield, MO.
19. (a) 12-21-46 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

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

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39666

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..... *Fred C. Thieme*

Licensed Embalmer No. *2899*

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.