No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1947

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 8621

Registrar's No. 256

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: 701 S. Kansas
701 S, Kansas Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 58 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 37

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 701 S. Kansas Ave., 5
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME William F. Ege.

3. (b) If veteran, name war None

3. (c) Social Security No. ____

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sadie Ege

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 8, 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	1	10	____ hr. ____ min.

9. Birthplace Bloomington Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Frisco R. R.Eng.

11. Industry or business Railroad Locomotive Eng.

FATHER
12. Name Peter Ege
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Tingler
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sadie Ege,
(b) Address 701 S. Kansas Ave., Spg. Mo.

17. (a) Burial (b) Date thereof 3-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cem.

18. (a) Signature of funeral director J.W. Klingner & Co
(b) Address Springfield Mo.

19. (a) 3-19-47 (b) W E Handley MD.
(Date received local registrar) (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 18 day ____
year 1947 hour 2: minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 2 - 1947 to Mar - 18 1947;
that I last saw her alive on Mar 18 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Poisoning

Due to Kidney Condition

Due to ____

Other conditions Old Age
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

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Duration

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 place)
While at work? ____ (e) Means of injury ____

23. Signature Dr G W Jones D.C. (M. D. or other)
Address 955 So. Hart Date signed Mar 19-47

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1947

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 Ogle Slone Jr.

Licensed Embalmer No. 4176

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.