

No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947
Registration District No. 28

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1835

Primary Registration District No. 5465

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield - Campbell Twp
(c) Name of hospital or institution:
R. F. D. 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 79 years 3 months 22 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
State Mo. (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. 11
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LeRoy J. Best
3. (b) If veteran, name war No 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary B. Best 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased November 11 1867
(Month) (Day) (Year)
8. AGE: Years 79 Months 3 Days 22 If less than one day hr. _____ min. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March 25, year 1947 hour 11 minute 00 A. M.
21. I hereby certify that I attended the deceased with care July 7, 1946 March 7, 1947 that I last saw alive on March 2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Heart - Coronary Insufficiency
Due to Angina
Due to See above
Other conditions (include pregnancy within 5 months of death) 95C

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business Farming
12. Name Martin Best Unknown 9
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Orvie Best
(b) Address Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-1947
(Month) (Day) (Year)
(c) Place: burial or cremation Robberson Prairie Cen.
18. (a) Signature of funeral director W. Klingner & Co.
(b) Address Springfield Mo.
19. (a) _____ (b) W. E. Handley 48
(Date received local registrar) (Registrar's signature)

Major findings: Of operations none
Of autopsy none
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) (e) Means of injury 0
23. Signature J. F. Freeman (M.D. or other) _____
Address Springfield Mo Date signed 3/27/47

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

MOTHER, FATHER

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

Max Rhodes

Licensed Embalmer No.....

4074

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.