

S. No. 2
M-5-43
7. 5-17-39
P I X36671

FILED MAY 8 1947
128

Registration District No. _____

Primary Registration District No. 5466

Registrar's No. 372

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town RURAL - S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days
(Specify whether years, months or days)

In this community 34 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County GREENE 39

(c) City or town Willard Mo R1
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Murray Township
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Archie Roy Trantham

3. (b) If veteran, name war NIL

3. (c) Social Security No. 491-12-1074

4. Sex Male 5. Color or race White

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

(b) Name of husband or wife Ruby V. Olingau Trantham

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 30 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>9</u>	<u>21</u>	hr. min.

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Carpenter

11. Industry or business Stock farmer & Carpenter

12. Name Lee M. Trantham

13. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Parolie Wammack

15. Birthplace Greene Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruby V. Trantham

(b) Address Willard Mo R1

17. (a) Rural (b) Date thereof April - 24 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesley Chapel Cemetery

18. (a) Signature of funeral director Genea Tom

(b) Address Walnut Grove Mo

19. (a) 4-22-1947 (b) W E. Hundley MD
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day APR
year 1947 hour 10:50 minute 0 M.

21. I hereby certify that I attended the deceased from 4-21
1947 to 4-21 1947
that I last saw him alive on 4-21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Head injury

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 170C-8

Major findings: 28

Of operations _____

Of autopsy S.H.P.
fell from running board

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence 4-21-47 39

(c) Where did injury occur? Greene Co. Mo.
(City or town) (County) (State)

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

While at work? yes (Specify type of place) (a) Means of injury fall

23. Signature R. G. Michael MD (Physician's name)
Address Springfield Mo Date signed 4-22-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Ref Miller....., Registered Apprentice No. *459*

working under my personal supervision.

Signed *Gene A Barron*.....

Licensed Embalmer No. *2664*

P. O. Address *Walnut Grove 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.