

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

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
 2000

State File No. 27410
 Registrar's No. 770

FILED SEP 15 1947
 128

Registration District No. _____ Primary Registration District No. _____

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

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:
423 1/2 S. Campbell 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 UNKNOWN
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 423 1/2 S. Campbell Ave. 6
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME LOUIS ROGERS

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th
 year 1947 hour 9:15 A.M. minute _____ M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 15, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Undertaken by Physician 19____
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>15</u>	hr. _____ min. _____

Immediate cause of death probably Coronary Thrombosis

Due to _____

Due to _____

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

Other conditions 947
(Include pregnancy within 3 months of death)

10. Usual occupation none

Major findings: 947

Of operations _____

11. Industry or business none

12. Name UNKNOWN

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

Of autopsy _____

Underline the cause to which death should be charged statistically.

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant information on body

(b) Address _____

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? ✓

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Missouri

While at work? _____ (Specify type of place)

(c) Means of injury local registered

23. Signature W. S. Handley (M. D. or other) 9/2/47

Address Springfield, Mo. Date signed _____

19. (a) 9-2-47 (Date received local registrar)

(b) W. S. Handley M.D. (Registrar's signature)

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. Thorne*

Licensed Embalmer No. 2899.....

P. O. Address. Springfield, Missouri.....

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.