No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 8 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 41382

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 1097

**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: O'Reilly VA Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Days (Specify whether years, months or days) In this community Same

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Arkansas (b) County Sebastian

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Glenn R. Fancher

3. (b) If veteran, name war World War II

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased April (Month) 8, (Day) 1922 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 25 | 8 | 11 | hr. min. |

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

10. Usual occupation Army

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant VA Records

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-18-47 (Month) (Day) (Year)

(c) Place: burial or cremation Hartford Ark.

18. (a) Signature of funeral director Glenn Schoupf Funeral Home

(b) Address Springfield Mo

19. (a) 12-26-47 (Date received local registrar) (b) W E Hazedley MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 18 year 1947 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from November 25, 1947 to December 18, 1947 that I last saw him alive on December 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary, Chronic, Far Advanced, Active

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Same as above

Duration

PHYSICIAN

Underline the cause of 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 Paul L. Eisele (Name of injury)

23. Signature PAUL L. EISELE (M. D. X or other)

Address ORVAH, Springfield, Mo. Date signed 12-18-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 25 1948

## 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 L Dolen Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Me

**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.