S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

Registration District No. 28

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29444

Primary Registration District No. 2000

Registrar's No. 759

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: 5 Months 20 Days (Specify whether years, months or days)
In this community: Same

2. USUAL RESIDENCE OF DECEASED:
(a) State: Arkansas (b) County: Columbia 999
(c) City or town: Taylor 3
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Velton W. Courtney
3. (b) If veteran, name war: World War II
3. (c) Social Security No.: None
4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Christine
6. (c) Age of husband or wife if alive: 23 years
7. Birth date of deceased: May 22, 1919 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
29	3	21	hr. min.

9. Birthplace: Taylor, (City, town, or county) Arkansas 1 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: William M. Courtney
13. Birthplace: (City, town, or county) Arkansas 1 (State or foreign country)
MOTHER 14. Maiden name: Dela Harris
15. Birthplace: (City, town, or county) Louisiana 1 (State or foreign country)
16. (a) Informant: VA Records
(b) Address: Springfield, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Magnolia Ark
18. (a) Signature of funeral director: Hoffman Behrup Funeral Home
(b) Address: Springfield, Mo.
19. (a) 9-13-48 (Date received local registrar) (b) W. S. Handley III (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12 year 1948 hour 12 minute 45 P M.
21. I hereby certify that I attended the deceased from March 23, 1948 to September 12, 1948; that I last saw him alive on September 12, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis faradvanced, active, bilateral

Due to:

Due to:

Other conditions: Tuberculous pyo-thorax, right.
(Include pregnancy within 3 months of death)
Tuberculous enteritis.

Major findings:
Of operations: 13 B
Of autopsy: Same as above

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: 0 Means of injury:
23. Signature: PAUL L. EISELE (M. D. or other) Paul Eisele
Address: O'Reilly VA Hospital Date signed: 9-12-48

(Licensed Embalmer's Statement on Reverse Side)

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 Harry Myers

Licensed Embalmer No. 4594

P. O. Address Springfield, 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.