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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1948

Registration District No. 728

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 36165

Registrar's No. 1013

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: St Johns
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)

In this community: 27 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

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

(d) Street No.: 1655 East Grand
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Dr. Charles A George

3. (b) If veteran, name war: No

3. (c) Social Security No.: 715-10-4005

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Georgia George

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: April (Month) 30 (Day) 1881 (Year)

8. AGE: Years 67 Months 6 Days 19 If less than one day: hr. min.

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

10. Usual occupation: Medical Doctor

11. Industry or business:

MOTHER FATHER

12. Name: W P George

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

14. Maiden name: Mary Burton

15. Birthplace: Barry County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Georgia George (wife)

(b) Address: 1655 East Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-22-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Berryville, Arkansas

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home

(b) Address: Springfield, Missouri

19. (a) 11-22-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th year 1948 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from 11/5/48, 19__ to 11/19/48, 19__; that I last saw him alive on 11/19/48, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral arterio-sclerosis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Coronary thrombosis	4 mo.

Major findings:
Of operations:
Of autopsy:

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? (e) Means of injury: 0

23. Signature: J. B. Lemmon, Jr. (M. D. or other) MD

Address: Springfield, Mo. Date signed: 11/20/48

(Licensed Embalmer's Statement on Reverse Side)

FEB 2 1948
DEC 8 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 Lee Mason

Licensed Embalmer No. 4568

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.