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

Dr. Lowe

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36208

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 999

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. John Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 10 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 34 2
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 2215 Howard (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dwaine Sell
3. (b) If veteran, name war No
3. (c) Social Security No. ?
4. Sex Male D
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 Aug. (Month) 30 (Day) 1932 (Year)

8. AGE: Years	Months	Days	If less than one day
16	2	14	hr. min.

9. Birthplace Dade County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Woodworker
11. Industry or business King Mfg. Co.

FATHER
12. Name Troy Sell
13. Birthplace Dade County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth Koppenhafer
15. Birthplace Cedar County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Troy Sell
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Omer Cemetery
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 11-17-48 (Date received local registrar) (b) W.S. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1948 hour 8 minute 15 p.M.
21. I hereby certify that I attended the deceased from 11/1/48, 19__ to 11/14, 1948
that I last saw him alive on 11/14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus — Duration 2½ days

Due to Laceration left thumb on 11/1/48

Due to

Other conditions Had 2 or 3 Cavities causing work ache — H.A. Lowe
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0 | 2

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) Laceration thumb
(b) Date of occurrence 11/1/48
(c) Where did injury occur? Springfield, Greene Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Furniture factory (Specify type of place)
While at work? Yes (e) Means of injury Machinery
23. Signature H.A. Lowe (M. D. or other)
Address Springfield, Mo. Date signed 11-16-48

(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 Walter E Hamelle

Licensed Embalmer No. 3808

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.