

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39845

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1105

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: 1403 West Nichols
(d) Length of stay: In hospital or institution 63 years
In this community 63 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 1403 Nichols
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Harry Page
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 20th year 1948 hour 5 minute 00 A.M.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nora Page
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased September 27 1866

21. I hereby certify that I attended the deceased from Jan 1945 to Dec 20 1948
that I last saw him alive on Dec 19 1948 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 2 23 hr. min.

Immediate cause of death Terminal Pneumonia
Due to Cardio-Vascular - Renal Disease

9. Birthplace Washington D. C.
10. Usual occupation Grocery Merchant

Other conditions None
Major findings: 13/10

11. Industry or business
12. Name Nathaniel M. Page
13. Birthplace Vermont
14. Maiden name May Cox
15. Birthplace England

Physician None
Underline the cause to which death should be charged statistically.

16. (a) Informant Genevieve Page Smith
(b) Address Rt 1, Willard, Missouri
17. (a) Burial (b) Date thereof 12-22-48
(c) Place: burial or cremation Maple Park Cemetery

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 12-21-48 (b) W. S. Handley (Registrar's signature)

23. Signature Ronald E. Eckers (M. D. or other)
Address West Oak Bldg Date signed 12-20-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

19
2
6

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

Jewell E. Knick

Licensed Embalmer No. *2831*

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.