

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25297
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township _____ Primary Registration District No. 2001
 (c) City Springfield, Mo. (d) Street No. 612 W. Madison St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jennie Lee Satterfield 361

(a) Residence, No. 612 W. Madison St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, # hrs. or # min.
0 0 0 30 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Springfield, Missouri

13. NAME J.L. Satterfield
 14. BIRTHPLACE (CITY OR TOWN) Springfield Missouri

15. MAIDEN NAME Opal Bornhage
 16. BIRTHPLACE (CITY OR TOWN) Kansas

17. INFORMANT (ADDRESS) J.L. Satterfield Springfield, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE July 5 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) H. I. Lohmeyer Springfield, Mo.20. FILED July 2, 1938 Charles M. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1938

2. I HEREBY CERTIFY, That I attended deceased from Jennie Lee Satterfield at birth July 2 1938
 I last saw her alive on July 2 1938 Death is said to have occurred on the date stated above, at 9 a. m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Premature delivery (4 1/2 mos)
unknown 154

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Don H. Sissy M. D.
 (Signed) Don H. Sissy (Address) Springfield, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

This body was not embalmed
A.H. Lohmeyer Funeral