

REC'D APR 13 1939

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

10838

Do not use this space.

1. PLACE OF DEATH

(a) County GreeneRegistration District No. 318

(b) Township

Primary Registration District No. 2001Registered No. 252(c) City Springfield, Mo.(d) Street No. City, Hosp.

(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

(a) Residence, No. 2006 ElizabethSt.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Divorced (use the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFBurney Lindsey

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

April 9th 1914

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

✓

24

11

14

day,hrs.

ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

MillerMo

FATHER

13. NAME

O.O. Turner

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

MOTHER

15. MAIDEN NAME

Phobe Patterson

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

17. INFORMANT

(ADDRESS)

Burney Linsey
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Robberson Prairie

DATE

3/25/39

19

19. FUNERAL DIRECTOR (NAME)

(ADDRESS)

Herman Lohmeyer
Springfield, Mo.

20. FILED

Mar 25, 1939Chas A. George
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

March 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from

3 - 21, 1939, to 3 - 21, 1939I last saw her alive on 3 - 21, 1939 Death is saidto have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Malignant Ovarian Adenoma
of both ovaries

Date of onset

Other contributory causes of importance:

49

Name of operation

oophorectomyDate of 3/23/39What test confirmed diagnosis? Lab Was there an autopsy? No

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 _____

(Signed) R. White

M. D.

(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 Walter E. Hamilton

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.