

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHDr. F. Camp
18672
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 447
 (c) City SPRINGFIELD (d) Street No. 819 S. Campbell 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

200 Catherine E. Mack
 (a) Residence, No. 819 S. Campbell 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Claude E. Mack</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 25, 1873</u>		
7. AGE <u>65</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Greene County Missouri</u>	
	13. NAME <u>William McCrosky</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Emily E. Payne</u>	
	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT <u>Claude E. Mack</u> (ADDRESS) <u>Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hazelwood</u> DATE <u>June 1, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>H.H. Lohmeyer</u> (ADDRESS) <u>Springfield, Mo.</u>		
20. FILED <u>6-1-</u> 19 <u>39</u> <u>Chas. A. George, M.D.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1939 to May 30, 1939
 I last saw h. alive on May 29, 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis - Chronic. Date of onset 1930
Cardiac failure.

Other contributory causes of importance:

Osteoarthritis
 Name of operation none. Date of.....
 What test confirmed diagnosis? Clinical 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? no
 If so, specify.....
 (Signed) Francis A. Camp, M. D.
Springfield (Address)

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.

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