

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. H. Knabb  
State File No. 10980  
Registrar's No. 278

Registration District No. 318 Primary Registration District No. 2001

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: St. John Hosp.  
(d) Length of stay: In hospital or institution 1 week  
In this community 1 1/2 years, months or days

8. (a) PRINT FULL NAME Mary Pauline  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Andrew Pauline 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 27 1874  
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hungaria  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Hungaria  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant's own signature Mrs. Anna Barton  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof March 19,  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary  
18. (a) Signature of funeral director H. H. Lohmeyer  
(b) Address Springfield, Mo.

19. (a) 3/19/40 (b) Chas. J. George  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(d) Street No. 1934 W. Walnut  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 17 year 1940 hour 7 minute 45 a. m.  
21. I hereby certify that I attended the deceased from March 16, 1940 to March 17, 1940  
that I last saw her alive on March 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Due to following severe aortic coronary heart disease  
Due to atherosclerosis  
Other conditions 10712  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature H. H. Knabb (M. D. or other) Prof.  
Address 400 W. E. Conil St. Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. 23  
50M-5-17-39  
Rev. 5-17-39  
U. S. GOVERNMENT PRINTING OFFICE

**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 Me  
....., Registered Apprentice No. ....  
.....  
working under my personal supervision.

Signed M R Canaday  
.....  
Licensed Embalmer No. 3424  
.....  
P. O. Address Springfield, Ma.

**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.**