

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHDr. Delzell
14917
State File No. _____
Registrar's No. 379AY 13 1940
Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

- (a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1125 S. National
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days _____8. (a) PRINT FULL NAME Mrs. Mattie Allison

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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 29, 1882
(Month) (Day) (Year)8. AGE: Years 58 Months 0 Days 21 If less than one day _____ hr. _____ min.9. Birthplace Carter County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name James Franklin
18. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Svular
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Grover McSpadden
(b) Address Springfield, Mo.17. (a) Burial (b) Date thereof April 23,
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Van Buren, Missouri18. (a) Signature of funeral director E. H. Lohmeyer
(b) Address Springfield, Mo.19. (a) April 23, 1940 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Carter
(c) City or town Van Buren
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1940 hour 11 minute 30 a. M.21. I hereby certify that I attended the deceased from March 1, 1940
to April 20, 1940, 19____;
that I last saw her alive on March 19, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Death of Venous Thrombosis
Duration 2 mos

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

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? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at
(Specify type of place) _____
While at work _____ (e) Means of injury _____

28. Signature W. E. Handley MD (M. D. or other) _____
Address Springfield, Mo. 246 North 20th

FEB 18 1946

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 *L. O. Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield*

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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