S. No. 2
—11-10-39
. 5-17-39
I X21492

9

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18462

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 483

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

(c) City or town Republic Mo Rural (If outside city or town limits write "RURAL")

(d) Street No. RFD # 2 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Helen Irene Hagewood 250

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 16 (Day) 1940 (Year)

8. AGE: Years ✓ 0 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Oca Hagewood

13. Birthplace Greenelo (City, town, or county) Mo (State or foreign country)

14. Maiden name Gladys Mae Fisher

15. Birthplace Stone Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Oca Hagewood

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Wade Lyon

18. (a) Signature of funeral director A J Wallace

(b) Address Billings, Mo

19. (a) 5-31-40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1940 hour 9 AM minute M.

21. I hereby certify that I attended the deceased from 5-20, 1940, to 5-30, 1940, that I last saw her alive on May 30 1940, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcus meningitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

(e) Means of injury

While at work?

23. Signature Leslie Burge M.D. (M. D. or other)

Address Springfield Mo Date signed 5-31-40

(Licensed Embalmer's Statement on Reverse Side)

[redacted]

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 Everett R Head, Registered Apprentice No. ..... working under my personal supervision.

Signed Everett R Head

Licensed Embalmer No. 4038

P. O. Address Billings, 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.