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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Oc. Walsh.

State File No. 21740

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 516

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

1. PLACE OF DEATH:

(a) County GREENE Springfield 2

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

(c) Name of hospital or institution: 2334 N. Pickwick (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)

2. USUAL RESIDENCE OF DECEASED:

0

(a) State Missouri (b) County Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. 2334 N. Pickwick (If rural, give location)

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

3. (a) PRINT FULL NAME Vina Bristow 623

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Benjamin Bristow

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

7. Birth date of deceased Jan (Month) 28 (Day) 1870 (Year)

8. AGE: Years 70 Months 4 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business On Home

FATHER
12. Name Dee Logan
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Lee
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Cecil Mynatt

(b) Address 512 S. Warren

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-40 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Alma Lohmeyer

(b) Address Springfield Mo

19. (a) June 14, 1940 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1940 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 12, 1940, to June 12, 1940 that I last saw her alive on June 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 2 hrs

Due to

Due to

Other conditions ~~None~~ Arteriosclerosis unknown (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? 944 (Specify type of place)

While at work? (e) Means of injury

23. Signature W. T. Walsh (M. D. ~~or other~~)

Address Springfield Mo Date signed 6/14/40

(Licensed Embalmer's Statement on Reverse Side)

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 Wayne Hinkle

Licensed Embalmer No. 3444

P. O. Address Springfield M

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. X