

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21773

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

549

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:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community
years, months or days) 40

8. (a) PRINT FULL NAME LUCILLE F. MERRILL

8. (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 Married

6. (b) Name of husband or wife Emmett Merrill 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased August 22, 1909
(Month) (Day) (Year)

8. AGE: Years 30 Months 10 Days 6 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business 0

12. Name William Mahan

13. Birthplace Barrell County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Therese Folkinshead

15. Birthplace Barrell County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Karoid Mahan

(b) Address 2121 Spruce Springfield Mo

17. (a) Burial (b) Date thereof June 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director F. C. Phipps
(b) Address Springfield, Mo.

19. (a) June 30, 1940 W. E. Handley, M.D.
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1940 N. Lyon
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1940 hour 12 minute NOON M.

21. I hereby certify that I attended the deceased from June 12, 1940 to June 28, 1940
that I last saw her alive on June 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chromosomal Proliferation
Strepococcus resulting from several years ago

Due to several years ago
Due aggravated by child birth.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy no

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) none
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
904 (Specify type of place) (e) Means of injury

23. Signature J. F. Freeman (M. D. or other) 1
Address Springfield Mo Date signed 6/29/40

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

9
3
0

0-130207-1039

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

R. H. Thorne

Licensed Embalmer No.

3681

P. O. Address

Springfield, 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.

X