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

FILED AUG 9 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25203

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 595

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: 908 N. Fremont (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:

(a) State Mo (b) County Greene

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

(d) Street No. 908 N. Fremont (If rural, give location)

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

3. (a) PRINT FULL NAME MAUDE BELLE HALLOWAY 460

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race Wh

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

6. (b) Name of husband or ~~wife~~ James Halloway

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

7. Birth date of deceased June (Month) 28 (Day) 1888 (Year)

8. AGE: Years 52 Months 0 Days 19 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name John McReynolds
13. Birthplace Christian Co (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Martha Larkins
15. Birthplace Christian Co (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. La Dieuse (Bis)

(b) Address Springfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21 (Month) (Day) 1940 (Year)

(c) Place: burial or cremation Highland Cem Mo

18. (a) Signature of funeral director Alvin Lohmeyer

(b) Address Springfield Mo

19. (a) July 19, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1940 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 4, 1940, to July 17, 1940 that I last saw her alive on June 28, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of uterus & adnexa (primary uterus)	7 or 8 years
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? 9 84 (Specify type of place)

While at work? (e) Means of injury

23. Signature Arthur D Knapp (M. D. ~~or other~~)

Address 450 1/2 E. Cavil Date signed 7-19-40

(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 Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield Me

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.