

FILED OCT 10 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32071

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township _____ Primary Registration District No. 2001
 (c) City Springfield (d) Street No. Burge Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bessie Admire
 (a) Residence, No. Plad Mo. St. ☐ Plad, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 - 1903
 7. AGE YEARS 37 MONTHS 7 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Dallas Co. D
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME J. W. Admire

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Hanna Dawson

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Mo.

17. INFORMANT Sherman Admire
 (ADDRESS) Plad Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hope Wall DATE 9-29 1940

19. FUNERAL DIRECTOR (NAME) L. B. Jones
 (ADDRESS) Buffalo Mo.

20. FILED Sept. 29 1940 Ho. W. F. Handley MD
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27 1940

22. I HEREBY CERTIFY, That I attended deceased from August 29 1940 to September 27 1940
 I last saw her alive on September 27 1940. Death is said to have occurred on the date stated above, at 7:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of
corpus uteri with
general metastasis to
bones & lungs
 Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) L. Johnston M. D.
 (Address) Springfield, Mo.

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 *LeRoy Montgomery*

Licensed Embalmer No. *3592*

P. O. Address *Buffalo 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.