

FILED OCT 23 1940

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

Days of 32083-40
32085
Do not use this space.

1. PLACE OF DEATH
(a) County Greene Registration District No. 322
(b) Township Franklin Primary Registration District No. 5446 Registered No. 20
(c) City _____ (d) Street No. _____
(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 Meribian Elisabeth Dumas
(a) Residence, No. Springfield Mo St. Mo
(Usual place of abode, if no street address, write county or city) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1862

7. AGE YEARS 78 MONTHS 1 DAYS 5 (LESS than 1 day, hrs. min.)

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) (STATE OR COUNTRY) Missouri

FATHER 13. NAME James Gueson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Elizabeth Blythe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Mrs Mattie Surfel 2126 N Blvd Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellview DATE Sept 1 1940

19. FUNERAL DIRECTOR (ADDRESS) G. W. Klingner & Co. Springfield Mo 204

20. FILED Sept 1 1940 Allan Barnes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1940

I HEREBY CERTIFY, That I attended deceased from Aug 30 1940 to Aug 30 1940

I last saw her alive on Aug 30 1940. Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:
Chc Hypertensive Caracae disease

Other contributory causes of importance:
Diabetes mellitus

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Arthur Knapp M. D.
(Address) 450 1/2 Cornl Springfield Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-32083

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____. L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)