

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10662

State File No. _____

APR 10 1941 318

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 189

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 ST JOHN'S HOSPITAL
(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. 903 E. Dale
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULLNAME HAZEL LOUISE ATWELL

3. (b) If veteran, name war None (c) Social Security No. 488-10-4178

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased May 15 1909
(Month) (Day) (Year)

8. AGE: Years 31 Months 9 Days 20 If less than one day - hr. - min.

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

10. Usual occupation Telephone Operator

11. Industry or business Telephone Industry

12. Name Henry Otto Atwell

13. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ellie Orthies

15. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Vertie Atwell

(b) Address St Louis, Mo.

17. (c) Place: burial or cremation Green Lawn Cem

18. (e) Signature of funeral director J. W. King

(b) Address Springfield, Mo.

19. (a) 2-6-41 (b) W. E. Naudley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1941 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan. 28 1941, to March 5 1941, that I last saw her alive on Mar 4 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma of the liver (Biliary) Duration unknown

Due to _____
Due to H/O

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Induration in the liver around Hepatic Duct.
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph S. James (M. D. or other) 0
Address Springfield Mo Date signed 3-5-41

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

9
2
6

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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 *William Max Rhodes*.....

Licensed Embalmer No. *4071*.....

P. O. Address *Springfield*.....

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, fact should be so stated above.

X