

No. 2
4-13-40
-17-30
I XE

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10707

APR 10 1941 318

State File No.

Registration District No.

Primary Registration District No. 2001

Registrar's No. 245

9
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **GREENE**

(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: **2201 N. PROSPECT**
(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

3. (a) PRINT FULL NAME: **ELIZA JANE MCKENZIE**

3. (b) If veteran, name war: **NONE**

3. (c) Social Security No.: **NONE**

4. Sex: **Female**

5. Color of race: **White**

6. (a) Single, widowed, married, divorced: **Widowed**

6. (b) Name of husband or wife: **Unknown**

6. (c) Age of husband or wife if alive: **See** years

7. Birth date of deceased: **March 14 1860**
(Month) (Day) (Year)

8. AGE: Years **81** Months **0** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace: **Unknown Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation: **House work**

11. Industry or business: **In home**

12. Name: **Clay Cook**

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

14. Maiden name: **See Deaton**

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

16. (a) Informant: **Grace Lambeth**

(b) Address: **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof: **3-26-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Mt Comfort Cem.**

18. (e) Signature of funeral director: **W. E. Handley**

(b) Address: **Springfield, Mo.**

19. (a) **Mar 25 1941** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

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.: **2201 N. Prospect**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **23** year **1941** hour **7** minute **55 P.**

21. I hereby certify that I attended the deceased from **3/22/41** to **3/23/41** and that death occurred on the date and hour stated above.

Immediate cause of death: **Epithelioma with metastasis to Brain**

Due to: **Original epithelioma on face was treated by**

Due to: **poor**

Other conditions: **5/7**

Major findings: **5/7**

Of operations: _____

Of autopsy: _____

Duration **30 days**

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? **9814**

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

23. Signature: **C. E. Jeller** (M. D. or other) _____

Address: **Springfield, Mo.** Date signed: **3/24/41**

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 Ford

Licensed Embalmer No.

4077

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.