

13-40
17-39
X2318

State File No. _____

APR 3 1941
Registration District No. 322

Primary Registration District No. 5446

Registrar's No. 3

1. PLACE OF DEATH:

(a) County GREENE *Springfield*

(b) City or town Springfield *Springfield, Mo.*

(c) Name of hospital or institution Fair Grove, Mo. R# 2

(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 39

(c) City or town Fair Grove, Mo. 0

(d) Street No. R.F.D. # 2 (If rural, give location)

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

3. (a) PRINT FULL NAME ELIZABETH JANE STOOPS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 11 1851

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>11</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace West Virginia 1

10. Usual occupation House wife

11. Industry or business In home

12. Name Lilas Gilmore

13. Birthplace Ill. Gilmore 1

14. Maiden name Selma Gilmore

15. Birthplace W. Va. 1

16. (a) Informant Mrs. Sally Stoops

(b) Address Springfield, Mo.

17. (e) (b) Date thereof Feb 27-1941

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director J. W. Blinquist

(b) Address Springfield, Mo.

19. (a) Feb 28 1941 (Date received local registrar) Allan Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2-25-41 to 2-26-41 that I last saw her alive on 2-26-41 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 2 days

Senility

Due to Influenza 33W 2 wks.

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? 2nd

23. Signature J. Simpson (M. D. or other) _____

Address Springfield, Mo. Date signed 2-27-41

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

9
0
0

RECEIVED

Greene County Health Office,

County File Number 41-3-33

Date Filed 3/12/91

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 J. B. Langner

Licensed Embalmer No. 3358

P. O. Address.....

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.