No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14590

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 366

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: Burge Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days) In this community 10 hours 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84 ~~Greene~~ 0
(c) City or town ~~Pleasant Hope~~ 0 (If outside city or town limits, write "RURAL")
(d) Street No. ~~Pleasant Hope Mo~~ Rural (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME MILDRED VIRGINIA SECHLER
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 Baby
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased April (Month) 29 (Day) 1941 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 10 hr. ..... min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business None

MOTHER FATHER
12. Name Chester Sechler
13. Birthplace Pleasant Hope (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Mildred Gott
15. Birthplace Springfield (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Chester Sechler
(b) Address Pleasant Hope, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Brighton, Mo.
18. (a) Signature of funeral director J. Dizeme 30 GCU
(b) Address Springfield Mo GCU
19. (a) 4-30-41 (Date received local registrar) (b) W. E. Handlemann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1941 hour 2 minute P M.
21. I hereby certify that I attended the deceased from 4/29/41, 19..., to 4/29, 19 41; that I last saw him alive on 4/29/41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Collapsed lung of newborn — Duration 2 hrs.
Due to ?
Due to
Other conditions Mother Eclampsia
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Mary Tilly (M. D. or other) MD
Address Springfield Mo Date signed 4/29/41

(Licensed Embalmer's Statement on Reverse Side)

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 only Cavity Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed R H Thieme

Licensed Embalmer No. 3681

P. O. Address Sp. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.