

No. 2  
13-40  
17-39  
X23139

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17813

FILED JUN 12 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 398

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 245 S Warren  
 (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 DEMORE  
 3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or 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 89 years  
 7. Birth date of deceased April 29 1863  
 (Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation In home

11. Industry or business House Wife

12. Name Arnold Helton

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

14. Maiden name Rebecca Yeapley

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

16. (a) Informant Mrs Della Eckel

(b) Address Springfield Missouri

17. (a) Burial (b) Date thereof May 18, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yeapley Cemetery

18. (a) Signature of general director W. E. Handley

(b) Address Springfield Missouri

19. (a) 5-17-41 (b) W. E. Handley  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Greene  
 (c) City or town Springfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 245 S Warren  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
 year 1941 hour 40 minute 00 A. M.

21. I hereby certify that I attended the deceased from 5-13, 1941, to 5-14, 1941;  
 that I last saw her alive on 5-13-41, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cholecystitis, acute  
presence of gall stones  
 Due to never determined

Due to \_\_\_\_\_

Other conditions 12/2  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

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? NO

While at work? NO (Specify type of place) (e) Means of injury \_\_\_\_\_

Signature J. A. Muech (M. D. or other) D

Address Springfield Mo Date signed 5-16-41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 Ray Rhoads*  
Licensed Embalmer No. *4074*  
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.