

Registration District No. 318

Primary Registration District No. 2001

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: Children's Clinic - Benton Ave
(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 Missouri (b) County Greene 99
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1933 Washington
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1941 hour 9 minute 30 a. M.

21. I hereby certify that I attended the deceased from May 12
1941 to May 14 1941;
that I last saw her alive on May 14 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia
primary cause

Due to _____
Due to _____

Other conditions
(Include pregnancy within 5 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature A. E. Ailder (M. D. or other) MD
Address Springfield, Mo. Date signed 5/17/41

3. (a) PRINT FULL NAME Mildred Pearl Blunt

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 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: February 17 1941
(Month) (Day) (Year)

8. AGE: Years 10 Months 2 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Inf

11. Industry or business _____

12. Name Henry Blunt

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

14. Maiden name Mildred Lemler

15. Birthplace Kingman Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Blunt

(b) Address Springfield, Mo.

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

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 5-17-41 (b) W. E. Handley MD
(Date received local registrar) (Registrar's Signature) Address _____ Date signed _____

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

FILED JUN 12 1941

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.....

James A. DeBun

Licensed Embalmer No. *4185*

P. O. Address *Springfield, Mo*

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.