

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17829

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 418

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:
721 S. Boulevard /
(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** **39**
(c) City or town: **Springfield,** **2**
(If outside city or town limits, write "RURAL") **6**
(d) Street No.: **721 S. National**
(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 **18**
year **1941** hour **10** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Sept. 18**, 19**40**, to **May 18**, 19**41**.
that I last saw her alive on **May 18**, 19**41**.
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cancer of the lung about Primary in the lung.**
Duration: **10 months**

Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations: _____
Of autopsy: **None**

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?
at home (Specify type of place) _____
(e) Means of injury _____

3. (a) PRINT FULLNAME: **Eloise Richardson McBride**

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: **Married**

6. (b) Name of husband or wife: **C. A. McBride** 6. (c) Age of husband or wife if alive: **Unknown** years

7. Birth date of deceased: **May 3, 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	0	15	_____ hr. _____ min.

9. Birthplace: **New Iberia, Louisiana**
(City, town, or county) (State or foreign country)

10. Usual occupation: **In Home**

11. Industry or business: _____

12. Name: **Embose Richardson**

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

14. Maiden name: **Elizabeth Holmes**

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

16. (a) Informant: **C. A. McBride**

(b) Address: **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof: **5/20/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Hazelwood Cemetery**

18. (a) Signature of funeral director: **Alma Lohmeyer Funeral Home**
Springfield, Missouri

(b) Address: _____

19. (a) **5-19-41** (b) **W. E. Handley** (c) **106 Horst**
(Date received local registrar) (Registrar's signature) (M. D. or other)
(Address: **430 South Com Springfield**) Date signed: **5/20/41**

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

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..... *E. W. Prothery*
Licensed Embalmer No..... *1767*
P. O. Address..... *Sp. Field 7*

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.