

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Coffelt
State File No. 28350
Registrar's No. 706

Registration District No. 318

Primary Registration District No. 2001

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

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:
St. John Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

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. 804 N. Rogers
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara Belle McGill

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29
year 1941 hour 9 minute A. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Ernest V. McGill

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

7. Birth date of deceased March 18 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 6 1941 to August 29 1941;
that I last saw her alive on August 29 1941;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>5</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) J3A

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

10. Usual occupation Housewife

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name W. T. Calhoun

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

14. Maiden name Bell Small

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

16. (a) Informant Ernest V. McGill

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

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? _____

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

(b) Address Springfield, Mo.

19. (a) 8-30-41 (Date received local registrar) (b) W. E. Naudley, Jr. (Registrar's signature)

While at work? _____ (Specify type of place)

(a) Means of injury _____

Signature Henrieth Coffelt (M. D. or other) _____
Address Springfield, Mo. Date signed 8-30-41

987 (Licensed Embalmer's Statement on Reverse Side)

OCT 13 1941

APR 27 1943

JUN 28 1943

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..... *L. Duvalin Goman*

Licensed Embalmer No. *3177*

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.