DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1941

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31580

Primary Registration District No. 2001

Registrar's No. 784

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 722 W. Olive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield, Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 722 W. Olive 6
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Myrtle Lee Hall

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April (Month) 17 (Day) 1892 (Year)

8. AGE: Years 49 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Lon Herrick
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Hall (Verified Funeral Home)
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Joseph Nutter
(b) Address 722 W. Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/1941 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood (Cem)

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 629 W. Walnut, City.

19. (a) 10-2-41. (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 30.
year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 1, 1940, to Sept 30, 1941;
that I last saw her alive on Sept 29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver — Duration Months

Due to Carcinoma of Stomach primary seat stomach — ?

Due to

Other conditions (Include pregnancy within 3 months of death) 46 b

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 W. Roland Langston (M. D. or other) M.D.
Address Springfield Mo Date signed 10/2/41

(Licensed Embalmer's Statement on Reverse Side)

984

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 Lorraine L Hall

Licensed Embalmer No. 2284

P. O. Address Springfield

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.