

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: Burge Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour (Specify whether
In this community 8 Months 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. 502 N. Newton (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Barbara LaVerne Fielder

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 Jan. 28 1941
(Month) (Day) (Year)

8. AGE: Years 0 Months 8 Days 7 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 Bertie Fielder

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

14. Maiden name Virginia Renner

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

16. (a) Informant Bertie Fielder

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Oct. 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn

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

(b) Address Springfield, Mo.

19. (a) 10-7-41 (b) W.E. Handley, MD
(Date received local registrar) (Registrar's signature)

707 (Licensed Embalmer's Statement on Reverse Side) Spfd. mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1941 hour 7 minute 5 p. M.

21. I hereby certify that I attended the deceased from Oct 4 1941 to Oct 5 1941
that I last saw her alive on Oct 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acidosis
Induced by extreme
diarrhea due to improper
Due to feeding

Due to _____

Other conditions (include pregnancy within 3 months of death) 119a

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? _____

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

23. Signature J.V.A. Osame (M.D. or other) _____

Address 629 N. Newton Date signed 10-6-41

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

9
2
6

MOTHER FATHER

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..... *L. Hornum*.....

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.