

Registration District No. 318

Primary Registration District No. 2201

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 35 years 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. 1500 E. Grand
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th
year 1941 hour 3:50 minute P. M.
21. I hereby certify that I attended the deceased from Sept 28
1941 to Oct 8 1941
that I last saw her alive on Oct 8 1941
and that death occurred on the date and hour stated above.

Immediate cause of death acute Endocarditis and
septic pneumonia following
Duration

Due to extraction of infected tooth
and sinus infection
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 109:2
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Goldie R. Delo
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 Walter Delo
6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased November 17, 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 21
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business In Home

12. Name Dan Martin

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

14. Maiden name Mary Miller

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

16. (a) Informant Mr. Walter Delo

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 10/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer
Springfield, Missouri
(b) Address

19. (a) 10-11-41 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

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 Mary Jean Thornton (M. D. coroner)
Address 333 E. Pine Date signed 10-9-41
Spfld. MO.

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

39
2
6

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 *Wayne Finckle*

Licensed Embalmer No. *73444*

P. O. Address *Springfield*

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.