S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 11 1941

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34942

Primary Registration District No. 2001

Registrar's No. 873

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: 1437 N. Summit 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 34

(c) City or town Springfield 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1437 N. Summit 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY MYERS

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 WIDOW

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased July (Month) 23 (Day) 1872 (Year)

8. AGE: Years 69 Months 3 Days 8 If less than one day ✓ hr. ..... min.

9. Birthplace Dixon (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House Wife

11. Industry or business House Work

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

MOTHER
14. Maiden name Polly Ann Helton
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

16. (a) Informant W. C. Myers
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address Springfield Mo.

19. (a) 11-1-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10-6- 1941 to 10/31/ 1941
that I last saw her alive on 10/31/ 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Sarcoma of Bowels & Liver (primary of Bowels)	2 yrs
Due to type and origin unknown	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46

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 O. E. Feller (M. D. or other) O
Address Springfield Mo. Date signed 10/31/41

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.