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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38322
State File No.

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 899

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 1134 N Boulevard
(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 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 4
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1134 N Boulevard 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Larissa Huntley
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex ~~Male~~ Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Chas G Huntley
6. (c) Age of husband or wife if alive approx 75 years
7. Birth date of deceased November (Month) 8 (Day) 1867 (Year)

8. AGE: Years 74 Months 0 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Dickens Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Mother Home
11. Industry or business
MOTHER FATHER
12. Name Wm Lee Beck
13. Birthplace Unknown Virginia (City, town, or county) (State or foreign country)
14. Maiden name Nancy D McClure
15. Birthplace Dickens Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Harry Huntley
(b) Address 739 W Elm
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director Fred C Theme
(b) Address 1100 Boonville Ave
19. (a) 11-15-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14th year 1941 hour 9 minute 35 P M.
21. I hereby certify that I attended the deceased from Oct 19th 1941 to Nov 14 1941 that I last saw him alive on Nov 14th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar — Duration 3 days
Due to Diabetes Mellitus — during the past 10 yrs
Due to Fracture Neck of Femur — right femur Sept 25th 1941
Other conditions (Include pregnancy within 3 months of death) Diabetes Mellitus Fracture Neck of R Femur
Major findings:
Of operations no
Of autopsy no

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) Accident
(b) Date of occurrence Sept 25 1941
(c) Where did injury occur Springfield Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, or industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fell at home
23. Signature C B Elkins (M. D. or other)
Address 318½ College Date signed 11/15 1941

PE 4 (Licensed Embalmer's Statement on Reverse Side) Springfield Mo.

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 Fred C. Thieme

Licensed Embalmer No. 2879

P. O. Address Spfd. Mo.

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

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