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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38344

DEC 15 1941

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 893

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: St. Johns Hosp.  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution 1 day +  
In this community 3 yr 3 mo. 3 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 223 1/2 N. Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11  
year 1941 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from 11-9 1941 to 11-11 1941  
that I last saw her alive on 11-11 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: acute laryngitis with edema  
Due to not diphtheria  
Due to \_\_\_\_\_

Other conditions: Bronchial Pneumonia  
(Include pregnancy within 3 months of death)

Major findings: 107  
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? Yes (Specify type of place) \_\_\_\_\_ (e) Means of injury fall  
Signature W. J. Walsh (M. D. or other) \_\_\_\_\_  
Place Springfield Mo. Date signed 11/13/41

3. (a) PRINT FULL NAME NANCY LOU M. GEE  
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 SINGLE

6. (b) Name of husband or wife none  
6. (c) Age of husband or wife if alive 8 years 1938  
7. Birth date of deceased: Aug 1 (Month) 8 (Day) 1938 (Year)

8. AGE: Years 3 Months 3 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Springfield Mo.  
(City, town or county) (State or foreign country)  
10. Usual occupation child at home

MOTHER FATHER  
11. Industry or business child  
12. Name Arvel C. M. Gee  
13. Birthplace Greene Co. Mo.  
(City, town or county) (State or foreign country)  
14. Maiden name Paul M. Mullin  
15. Birthplace Springfield Mo.  
(City, town or county) (State or foreign country)

16. (a) Informant Arvel C. M. Gee  
(b) Address Springfield Mo.  
17. (a) burial (b) Date thereof Nov. 13 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Brighton Mo. Cem.  
18. (a) Signature of funeral director W. J. Wagner  
(b) Address Springfield Mo.  
19. (a) 11-12-41 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *Roy A. Lawrie*  
Licensed Embalmer No. *1763*  
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.**