

FILED JAN 21 1942
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41898

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 963

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: 839 Franklin 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 8 years 0 - 23
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 34
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 839 N Franklin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1941 hour 11:45 minute P M.

21. I hereby certify that I attended the deceased from December 4, 1941 to December 10, 1941;
that I last saw her alive on December 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Diphtheria 10 days
Branche pneumonia 10 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 10

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 _____

Signature Kenneth Coffey (M. D. or other) _____
Address Springfield, Missouri Date signed 12-13-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME ANNAMAE MECUM

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased November 17, 1933
(Month) (Day) (Year)

8. AGE: Years 8 Months 0 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation School Child

11. Industry or business 3rd Grade Fairbanks School

12. Name James Mecum

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

14. Maiden name Unknown

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

16. (a) Informant Mrs James Mecum

(b) Address 839 N Franklin

17. (a) Burial (b) Date thereof Dec 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Fred C. Thome

(b) Address 1100 Bonville Ave

19. (a) Dec 13/1941 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

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.....

R. H. Greene

Licensed Embalmer No.....

3681

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.