

No. 2  
4-13-40  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. Wakeman

State File No. 41901

Registrar's No. 953

FILED JAN 21 1942  
318

Registration District No. 318

Primary Registration District No. 2001

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

1. PLACE OF DEATH: **GREENE**

(a) County: **GREENE**

(b) City or town: **Springfield, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **663 Cherry**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **40** years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: **Georgia LeBlanc**

3. (b) If veteran, name war: **no** 3. (c) Social Security No.: **no**

4. Sex: **Female** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Widowed**

6. (b) Name of husband or wife: **H.O. LeBlanc** 6. (c) Age of husband or wife if alive: **Dec** years

7. Birth date of deceased: **May 9 1872**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	69	6	27	hr. min.

9. Birthplace: **Poughkeepsie, New York**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Home**

11. Industry or business:

MOTHER FATHER

12. Name: **Gilbert D. Williams**

13. Birthplace: **Unknown New York**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Minnie VanWycke**

15. Birthplace: **Unknown New York**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Helen Haldeman**

(b) Address: **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof: **Dec. 9 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **St. Mary Cemetery**

18. (a) Signature of funeral director: **H.H. Lohmeyer**

(b) Address: **Springfield, Mo.**

19. (a) **12-8-41** (b) **W.E. Haudley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Greene** **39**

(c) City or town: **Springfield**  
(If outside city or town limits, write "RURAL") **6**

(d) Street No.: **663 Cherry**  
(If rural, give location) **0**

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **6**  
year **1941** hour **9** minute **15 a.** M.

21. I hereby certify that I attended the deceased from **Nov**, 19**41**, to **Dec 5<sup>th</sup>**, 19**41**;  
that I last saw her alive on **Dec 5<sup>th</sup>**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Myocarditis** **6 months**

Due to: **Chronic Hypertension** **5 years.**

Other conditions: **93A**  
(Include pregnancy within 3 months of death)

Major findings: **None**  
Of operations: **None**  
Of autopsy: **None**

Duration  
6 months  
5 years.  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: **↓**  
Signature: **Horton Wakeman** (M.D. or other) **W**  
Address: **Springfield, Mo.** Date signed: **12-6-41**

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 *Paul J. Foreman*

Licensed Embalmer No. *2458*

P. O. Address *Blue Springs, 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.