

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 29

FILED FEB 13 1942
Registration District No. 2001

Primary Registration District No. 2001

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

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:
1819 N. DOUGLAS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
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. 1819 N. Douglas
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELLEN HARRIS
(b) If veteran, name war NONE
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 12th
year 1942 hour 4 minute 30 A.M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
(b) Name of husband or wife Unknown
(c) Age of husband or wife if alive Dec 6 years
7. Birth date of deceased Dec 6 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/10 1941 to 1/12 1942
that I last saw h alive on 1/11 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 1 Days 6 If less than one day
hr. ✓ min.

Immediate cause of death Arterio-sclerotic Vascular Disease
Duration 6 mos

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

Due to _____
Due to _____

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)
Major findings: 131a

11. Industry or business In home

PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name Mr B. Giffel

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

14. Maiden name Janie D. Thompson

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

16. (a) Informant Wilson Dyer
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 1-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cem
(d) Signature of funeral director J. W. Dingler
(e) Address Springfield, Mo.

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 Car

23. Signature W. M. Felt (M. D. or other) MD.
Address Springfield, Mo. Date signed 1/12/42

184 (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

Max Rhodes
.....
Licensed Embalmer No. *4071*
.....
P. O. Address *Dunsmuir*
.....

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.