

S. No. 2  
M-1-4-41  
5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 13 1942  
318

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. Clayton 2248  
State File No.

Registrar's No. 45

Registration District No. 318

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  
(c) Name of hospital or institution City Hospital D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 Days  
(Specify whether  
In this community 2 1/2 years years, months or days)

3. (a) PRINT FULL NAME Athia Lindsay  
3. (b) If veteran, name war no  
3. (c) Social Security No. None

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Unknown  
6. (f) Age of husband or wife if age 8 Dec years  
7. Birth date of deceased Apr 1856  
(Month) (Day) (Year)

8. AGE: Years 185 Months 9 Days 9  
If less than one day hr. min.

9. Birthplace Adel Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Isaac Hopkins  
13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Doyles  
15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vancler  
(b) Address 1021 N Fremont

17. (a) Burial (b) Date thereof 1-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director William J. Stone  
(b) Address 629 W Walnut Springfield

19. (a) 1-19-42 (b) Dr WJ Stalling  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 37  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1128 N Fremont  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17  
year 1942 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from 1/15/42 1942 to 1/17/42 1942  
that I last saw her alive on 1/16 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Shock Duration 2 days  
Due to External burns of hands 2 day  
arms face + neck  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 181-15  
Of autopsy

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 33  
(b) Date of occurrence 1/15/42  
(c) Where did injury occur? Springfield Greene MO  
(City) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? no (Specify type of place) (e) Manner of injury Burns D

23. Signature W. Roland Clayton (M. D. or other) MD  
Address Springfield MO Date signed 1/21/42

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**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

*Lawrence R. Gall*

Licensed Embalmer No.

*2784*

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.**