

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6640

FILED MAR 13 1942  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

Registrar's No. 138

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 2156 N. Campbell's Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 68 years (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME MAUDE A. BLACKWELL

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 WIDOW

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec 11 years 1873

7. Birth date of deceased March 11 (Month) 1873 (Day) 1873 (Year)

8. AGE: Years 68 Months 11 Days 8 If less than one day hr - min

9. Birthplace Marionville Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In home

12. Name George S. Patterson

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

14. Maiden name Mary P. Phares

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

16. (a) Informant Mrs. F. H. Whitaker

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof Feb 22 1942 (Month) 22 (Day) 1942 (Year)

(c) Place: burial or cremation Crem.

18. (a) Signature of funeral director J. W. Klingner

(b) Address Springfield Mo.

19. (a) 2-20-42 (Date received local registrar) (b) J. W. Klingner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GRENE 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2156 N. Campbell's 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19  
year 1942 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2/12 1942 to 2-19 1942  
that I last saw her alive on 2-17 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Valvular heart disease Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions In (Include pregnancy within 3 months of death) 92d

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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? same (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? yes

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury fall

23. Signature J. F. Herman (M. D. or other) 0

Address Springfield Mo. Date signed 2/20/42

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.....

.....  
working under my personal supervision.....

....., Registered Apprentice No. ....

Signed: .....

....., Licensed Embalmer No. ....

....., P. O. Address: .....

**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.**