

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6648

State File No. ....

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 102

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:  
630 S. Pickwick  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 45 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Cook 999

(c) City or town Chicago 11  
(If outside city or town limits, write "RURAL")

(d) Street No. 3962 Ellis Avenue 0  
(If rural, give location)

(e) Citizen of foreign country? 2  
(Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Lillian H. Cherry

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 Widowed

6. (b) Name of husband or wife Robert H. Cherry

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased January 24, 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>0</u>	<u>11</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business In Home

MOTHER FATHER { 12. Name Davel P. Hanson

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

14. Maiden name Frances Clark

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

16. (a) Informant Mrs. William Brewer

(b) Address Springfield, Missouri

17. (a) Removal (b) Date thereof Feb. 5, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berwyn, Illinois

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 2-5-42 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th,  
year 1942 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 30<sup>th</sup> 1941 to Feb. 5<sup>th</sup> 1942,  
that I last saw her alive on 2-4-42 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration

Due to .....

Due to General Senility

Other conditions 938  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....

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) .....

(b) Date of occurrence .....

(c) Where did injury occur? .....

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

(Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Paul D. Johnson, M.D.  
(Physician, coroner, or other)

Address Springfield, Missouri Date signed 2-5-42

984 (Licensed Embalmer's Statement on Reverse Side)

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

JUN 23 1942

JUN 13 1942

**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 Wayne L. L. L.  
Licensed Embalmer No. 3444  
P. O. Address Springfield

**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.**