

S. No. 2
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5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1942
Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Alder 6669
State File No. _____
Registrar's No. 110

Primary Registration District No. 2001

39
2
6
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: 615 S. Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 615 S. Campbell 6
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Almilda Gifford
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) Age of husband or wife if alive Dec 3 years
7. Birth date of deceased Jan. 3 1857
(Month) (Day) (Year)

8. AGE: Years 1 85 Months 1 Days 5
If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name James Sams
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Emaline Scott
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lee King
(b) Address Marshfield, Mo.

17. (a) Burial (b) Date thereof Feb. 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohnmeyer

(b) Address Springfield, Mo.

19. (a) 2-9-42 (b) Dr. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1942 hour 11 minute 2 M.

21. I hereby certify that I attended the deceased from 2/8/42
to 2/8/42 19____
that I last saw h. et. alive on 2/8/42 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver Duration _____
Cancer peritoneum not known
Due to _____
Due to _____

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

Major findings: 46 f PHYSICIAN _____
Of operations _____
Of autopsy _____
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) (a) Means of injury _____

23. Signature Dr. W. Handley (M.D. or other) M.D.
Address Springfield, Mo. Date signed 2/9/42

984 (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 *L. Doolin - Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield Ms*

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.

X