

S. No. 2  
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5-17-39  
P1 X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 13 1942

Registration District No. 378

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

Dr. Lemmon

6681

State File No.

Registrar's No. 135

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: 1405 E. McDaniel  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 65 Years  
years, months or days)

3. (a) PRINT FULL NAME Mabel Jackson Holbrook

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) Name of husband or wife J.H. Holbrook 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased April 29 (Month) (Day) (Year) 1876

8. AGE: Years 65 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Springfield Missouri (City, town or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name J.C. Jackson

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

14. Maiden name Matilda (unknown)

15. Birthplace Springfield Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A.R. Baldwin Jr.

(b) Address Birmingham, Alabama

17. (a) Burial (b) Date thereof Feb. 21 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

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

(b) Address Springfield, Mo.

19. (a) 2-21-42 (b) Dr. W.E. Handley (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield (If outside city or town limits, write "RURAL")  
(d) Street No. 1405 E. McDaniel (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1942 hour 8 minute 30 p. a. M.

21. I hereby certify that I attended the deceased from 1940 19 to 2/17/42 19 ;  
that I last saw her alive on 2/7/42 19 ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart block Duration 3 yrs.

Due to Myocardial degeneration ?

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

Other conditions 95a (Include pregnancy within 3 months of death)

Major findings: Of operations none done PHYSICIAN \_\_\_\_\_

Of autopsy none done 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) (e) Means of injury \_\_\_\_\_

23. Signature Dr. W.E. Handley (M. D. or other) M.D.

Address Springfield, Mo. Date signed 2/20/42

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

79  
2  
6

484 (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 *Paul E. Romer*

Licensed Embalmer No. *27458*

P. O. Address *Philly Pa*

**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.**

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