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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 10777

Registrar's No. 178

039
2
6

**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: 1032 - N - Summit (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Greene

(c) City or town Springfield Mo (If outside city or town limits, write "RURAL")

(d) Street No. 1032 - N - Summit (If rural, give location)

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

If yes, name country ..... 0

**3. (a) PRINT FULL NAME** CORA ANN HARDY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased March (Month) 14 (Day) 1871 (Year)

8. AGE: Years 70 Months 11 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name William Gatewood
13. Birthplace Bowling Green (City, town, or county) Ken. (State or foreign country)

MOTHER
14. Maiden name Narcissa (Unknown)
15. Birthplace (Unknown) (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mrs. E. C. Curtis

(b) Address 1032 - N - Summit

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar - 7 - 42 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director H. V. Smith

(b) Address 702 - N Jefferson

19. (a) 3-6-42 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 5th year 1942 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from February 13th 1942 to March 5th 1942 that I last saw her alive on March 5 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Influenza | 20 days |
| Due to Chronic Interstitial Pneumonia | Several years |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations —
Of autopsy None

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? — (City or town) (County) (State)

(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 James B Clark (M. D. or other) C

Address 2800 N Summit Date signed

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(Licensed Embalmer's Statement on Reverse Side)

APR 3 - 1942

DEC 3 - 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 Darwin M Cooper, Registered Apprentice No. ....., working under my personal supervision.

Signed Herbert V Smith

Licensed Embalmer No. 3324

P. O. Address 702 - N. Jefferson

**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.**