

S. No. 2
4-13-40
7-5-17-39
P-1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1942
318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14370

State File No. _____
Registrar's No. 263

Registration District No. _____ Primary Registration District No. 5439

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town ~~Springfield~~ Rural 7. Campbell
(c) Name of hospital or institution: ~~Illness Co. Home House 5~~
(d) Length of stay: In hospital or institution _____
In this community Unknown years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene 39
(c) City or town Springfield Rural 7. Campbell
(d) Street No. R. F. S. # 4
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Anna. Loy
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 1st
year 1942 hour 5 minute 30 P. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, Widow
7. Birth date of deceased: _____ (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 23, 1942 to April 1, 1942
that I last saw her alive on April 1, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years about 73 Months Unknown Days Unknown If less than one day _____ hr. _____ min.

Immediate cause of death Myocarditis
Chronic
Due to _____
Due to _____
Other conditions Hepatitis, Chronic
(Include pregnancy within 3 months of death)

9. Birthplace Unknown Unknown
10. Usual occupation House wife
11. Industry or business House work
12. Name Unknown Unknown
13. Birthplace Unknown Unknown
14. Maiden name Unknown Unknown
15. Birthplace Unknown Unknown

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 93d
Underline the cause to which death should be charged statistically.

16. (a) Informant Records: Co. Spring House
(b) Address Springfield Mo.
17. (a) Burial (b) Date thereof April 4 - 1942
(c) Place: burial or cremation Mc Gray Cemetery
18. (a) Signature of funeral director W. H. ...
(b) Address Springfield Mo.
19. (a) 4-4-42 (b) D. S. ...
(Date received local registrar) (Registrar's signature)

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 James R. Amos (M. D. or other) 0
Address Springfield, Mo. Date signed 4-2-42

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

....., Registered Apprentice No.
working under my personal supervision.

Signed

Max Rhodes

Licensed Embalmer No.

4070

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.

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