

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 8 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 300

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: 1101 W. High /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Years
(Specify whether years, months or days)

In this community 14 Years

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. 1101 W. High 3
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Catherine Tune

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1942 hour 12 Noon minute _____ M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John W. Tune

6. (c) Age of husband or wife if alive Des. 1860

7. Birth date of deceased August
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 16 1942
to Apr 17 1942

that I last saw her alive on Apr 17 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 7 Days 26
If less than one day _____ hr. _____ min.

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

10. Usual occupation None

Immediate cause of death Intestinal obstruction 2 days

Due to undetermined - inoperable case

Due to _____

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

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

PHYSICIAN

Major findings: Of operations 122 p 2

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs June Earnhardt

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof April 19, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Side, Missouri

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

(b) Address Springfield, Mo.

19. (a) 4-18-42 (Date received local registrar)

(b) W.S. Handley (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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Arthur Knabb (M. D. or other) MD

Address 450 1/2 E. Coulter St Date signed 4-18-42

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.....

Walter E. Hamill

Licensed Embalmer No. *3408*

P. O. Address *Springfield, Mo*

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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