

FILED JUN 10 1942

Primary Registration District No. 2001

Registrar's No.

392

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:
Springfield Baptist Hospital 504 Beach St.
(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)

3. (a) PRINT FULL NAME Mildred Eleanor Aaron

3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert K Aaron 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased May 17, 1898
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Charles C. McCarty
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Florence R. Stratton
15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Albert K Aaron

(b) Address 504 Beach Springfield

17. (a) Burial (b) Date thereof 5-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon

18. (a) Signature of funeral director Fred H Gilbert

(b) Address Dixon Mo.

19. (a) 5-29-42 (b) N. B. 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. 504 Beach Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1942 hour 1 minute 00 M.

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

Immediate cause of death
Splenomyelogenous leukemia
Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death) 74a

Major findings:
Of operations _____

Of autopsy _____

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 0

23. Signature Mildred (M. D. or other) 0
Address Springfield Mo. Date signed 5/21/42

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

AUG 22 1951

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.....

.....April 21....., Registered Apprentice No.
working under my personal supervision.

Signed Fred H. Gilbert

Licensed Embalmer No. 2241

P. O. Address Dixon, 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, above space should be left blank.