S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 21206

Registrar's No. 451

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield Ditto
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 526 E. DIVISION 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 29 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 38

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 520 E. DIVISION ST.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY A. LONG.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased NOV. (Month) 27 (Day) 1853 (Year)

8. AGE: Years 88 Months 6 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) S. CAR. 1 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business In Home

FATHER
12. Name Rev. J. R. Hamlin
13. Birthplace Unknown (City, town, or county) N. Car. 1 (State or foreign country)

MOTHER
14. Maiden name Mary King
15. Birthplace Unknown (City, town, or county) S. Car. 1 (State or foreign country)

16. (a) Informant Mrs. Bertha Waller
(b) Address 1875 N. Douglas. Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 19-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Bourbon Mo.

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th year 1942 hour 5 minute 38 A.M.

21. I hereby certify that I attended the deceased from 6-2-42 June 2 # 1942 to June 17 1942 that I last saw her alive on June 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Lesion — Duration 3 mo

Due to Hypertension 2

Due to 95 C

Other conditions Dropsy Limbs & Abdomen
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

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? none (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 S. F. Freeman (M. D. or other)

Address Springfield Mo Date signed 6.18.42

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.....Max Rhodes

Licensed Embalmer No. 407

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.