

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILES JUL 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Hogeboom 21223

State File No. _____

Registrar's No. 425

Registration District No. 318

Primary Registration District No. 2001

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
776 Cherry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 62 Years years, months or days)

3. (a) PRINT FULL NAME Ida Dixon Peacher

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Roy Peacher

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

7. Birth date of deceased May 3 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓ 62		1	2	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER {

12. Name Joseph B. Dixon

13. Birthplace Unk. Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Ida Curtis

15. Birthplace Unk. Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Peacher

(b) Address Springfield, Mo.

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

(b) Date thereof June 5, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

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

(b) Address Springfield, Mo.

19. (a) 6-5-42 (Date received local registrar)

(b) S. W. Handley (Registrar's signature)

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") 6

(d) Street No. 776 Cherry
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1942 hour 9 minute 30 p.m.

21. I hereby certify that I attended the deceased from March 7th 1940 to June 3 1942

that I last saw her alive on June 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Fallopian Tube

Duration 2 1/4 Yr

Due to _____

Due to HGB

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

Major findings: Carcinoma of Fallopian Tube

Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Robert Hogeboom M.D.

Address 114 1/2 Spring St. Springfield, Mo.

Date signed 6-4-42

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. Hamilton*

Licensed Embalmer No. **3808**

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.