

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

Dr. DeShell
21229
State File No. 428
Registrar's No. 428

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:
1232 St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 45 years
years, months or days)

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. 1232 St. Louis Street 6
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 1942 hour 11:55 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 25
1942 to June 4 1942
that I last saw her alive on June 4 1942
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Pneumo-Pneumonia
Due to at age 84
Due to _____

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

Major findings:
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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. E. Handley (M. D. brother)
Address Springfield, Mo. Date signed 6/5/42

3. (a) PRINT FULL NAME Mary Liza Seymour

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Larkin Seymour 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased April 15, 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business In Home

12. Name George Kinder

13. Birthplace Unknown Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Betty Hodge

15. Birthplace Unknown Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rushie Bench

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 6/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

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

988 (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.....

Licensed Embalmer No.....

P. O. Address.....

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.

