S. No. 2
M—9-4-41
V. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Wakeman

State File No. 24295

FILED AUG 14 1942

Registration District No. 512

Primary Registration District No. 2001

Registrar's No. 550

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: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 Days (Specify whether years, months or days)

In this community: Most of Life

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.: 457 Cherry
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Miss Martha ~~Carlette~~ Carlette

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: Single

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: April (Month) 30 (Day) 1875 (Year)

8. AGE: Years 67 Months 2 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace: Young America (City, town, or county) Minn. (State or foreign country)

10. Usual occupation: Dressmaker

11. Industry or business: Dressmaking

FATHER
12. Name: Robert Carlette
13. Birthplace: Unk. (City, town, or county) Unk. (State or foreign country)

MOTHER
14. Maiden name: Margaret Ann Crennell
15. Birthplace: Unk. (City, town, or county) Unk. (State or foreign country)

16. (a) Informant: Allie Carlette
(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 27, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park

18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield Missouri

19. (a) 7-27-42 (Date received local registrar) (b) Dr W S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1942 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 2nd, 1942, to July 25, 1942, that I last saw he alive on July 25, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Hodgkin's Disease General Toxemia — Duration: 6 Mon

Due to: .....

Due to: Confirmed by biopsy from Cervical lymph gland

Other conditions (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): No

(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: 0

23. Signature: J. Newton Wakeman (M. D. or other)

Address: Springfield, Mo. Date signed: 7-27-42

164 (Licensed Embalmer's Statement on Reverse Side)

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

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.