

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24360

State File No.

FILED AUG 14 1942
318

Primary Registration District No. 2001

Registrar's No. 562

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: ST. JOHNS HOSPITAL
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.
(b) County Greene 330
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2028 N. Pickwick
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME RUTH STOUT

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 MARRIED

6. (b) Name of husband or wife ARTHUR W. STOUT
6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 22 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 8
If less than one day hr. min.

9. Birthplace CRABORCHED NEB.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business IN HOME

12. Name GEORGE A. MILES

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

14. Maiden name MILLIE MINER

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

16. (a) Informant Arthur W. Stout

(b) Address Springfield, Mo.

17. (a) Burial, cremation, or removal
(b) Date thereof Aug 1, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director J. H. Stagner

(b) Address Springfield, Mo.

19. (a) Date received local registrar Aug 1, 1942
(b) Registrar's signature W. H. Handley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th
year 1942 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 27 1942 to July 30 1942
that I last saw her alive on July 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Chs. hypertensive heart disease 15 yrs.
and chronic heart block 4 yrs

Due to

Other conditions nodular recurrent
(Include pregnancy within 3 months of death)
gonorrhea possibly malignant

Major findings: Of operations.

Of autopsy 938

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 H. E. Hoover (M. D. or other)
Address Springfield, Mo. Date signed 7/31/42

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

339
22
6

Duration 1 month

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Roy A. Savin*

Licensed Embalmer No. *1763*

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.