S. No. 2
1—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27163

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 568

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 Citrs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 518 E. Monroe.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Yrs. (Specify whether
In this community 17 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. 1451 E. Center 6
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME LELITIA M. HARRISON

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 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 Sept. (Month) 2 (Day) 1866 (Year)

8. AGE: Years 75 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Findlay (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business " "

FATHER
12. Name Henry Paxon
13. Birthplace Unknown (City, town, or county) Pa. 1 (State or foreign country)

MOTHER
14. Maiden name Unknown Leader
15. Birthplace Unknown (City, town, or county) Pa. 1 (State or foreign country)

16. (a) Informant Mrs Ray Buttrick
(b) Address Springfield Mo

17. (a) Clinton Mo (Burial, cremation, or removal) (b) Date thereof Aug 2-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton Mo

18. (a) Signature of funeral director Alma Lorenzo Funeral Home
(b) Address Springfield Mo

19. (a) 8-1-42 (Date received local registrar) (b) Dr W G Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1. year 1942 hour 4 minute 40 a. M.

21. I hereby certify that I attended the deceased from 7,31,42, 19__, to 8,1,42, 19__; that I last saw her alive on 7,31,42, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage, cerebral	Two Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

830

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 D Musick MD (M. D. or other)
Address Springfield, Mo. Date signed 8,1,42

984 (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. 1762

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.