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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Dr. Allder

State File No. 27178

Registration District No. ~~213~~ 128

Primary Registration District No. 2000

Registrar's No. 631

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

(c) Name of hospital or institution: 2051 East Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 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") 6

(d) Street No. 2051 East Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Isabelle Malinda Opdyche

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 Widowed

6. (b) Name of husband or wife Thomas Opdyche

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

7. Birth date of deceased Dec. (Month) 1 (Day) 1881 (Year)

8. AGE: Years 60 Months 8 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name A.T. Rowden
13. Birthplace Unknown (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name Ann Cairns
15. Birthplace Unknown (City, town, or county) Tennessee / (State or foreign country)

16. (a) Informant Ray Aitken
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 8-29-42 (Date received local registrar) (b) D. W. Handley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 27 year 1942 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from 3/15/42, 19..., to Aug. 24, 1942 that I last saw her alive on Aug 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Uterus

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration not known

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 A. E. Allder (M. D. or other)

Address Springfield Mo. Date signed 8/29/42

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 L Dauhn Gorman

Licensed Embalmer No. 3177

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.**