S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942 1,28

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30393

State File No.

Registration District No. ~~318~~ Primary Registration District No. 2000 Registrar's No. 683

39
2
6

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. John Hosp. A
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hour (Specify whether years, months or days)

In this community 1 Hour

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Mt. Vernon 3
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Baby Searcy

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 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 Sept. (Month) 21 (Day) 1942 (Year)

8. AGE: Years ✓ 0 Months 0 Days 0 If less than one day 1 hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Lee Roy Searcy
13. Birthplace Cardin (City, town, or county) Oklahoma (State or foreign country)

MOTHER
14. Maiden name Eve Lois Harmon
15. Birthplace Vinita (City, town, or county) Oklahoma (State or foreign country)

16. (a) Informant Mrs. Lee Roy Searcy
(b) Address Mt. Vernon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn

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

19. (a) 9-23-42 (Date received local registrar) (b) R. W. Huddy (Registrar's signature)

987

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1942 hour 11 minute 55 p.m.

21. I hereby certify that I attended the deceased from Sept 21 1942, 19 to Sept 22, 1942 that I last saw her alive on Sept 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (6 mos) — Duration

Due to Unknown

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

159

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 (Specify type of place) (Means of injury)

23. Signature J. L. Johnston (M. D. or other) MD

Address Springfield, Mo. Date signed 9/22/42

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.