

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1942

Registration District No. 128

Primary Registration District No. 2000

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield

(c) Name of hospital or institution: Springfield Baptist Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 month
(If not in hospital or institution, write street number or location)

In this community 1 month
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Tulsa

(c) City or town Tulsa
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary M. White

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Lon L. White

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

7. Birth date of deceased December 7, 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>9</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation In Home

11. Industry or business _____

MOTHER FATHER

12. Name Samuel B. Woods

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

14. Maiden name Anna Egan

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

16. (a) Informant Mr. Elwyn Woods

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 9/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 9-21-42 (b) W. M. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20 year 1942 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 15 1942 to Sept 120 1942

that I last saw her alive on Sept 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death general peritonitis Duration _____

due to ulcers of colon not known

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: as above

Of operations _____

Of autopsy 12313

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? _____

23. Signature W. M. Handley (M. D. or other) MD

Address Springfield, Mo Date signed Sept 23 1942

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 Wayne Hinkley
Licensed Embalmer No. 3444
P. O. Address Springfield

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.