

Dr 12266

No. 2
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5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 6 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **80**

Registration District No. _____ Primary Registration District No. **2000**

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

1. PLACE OF DEATH: **GREENE**

(a) County _____

(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's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days**
(Specify whether years, months or days)

In this community **4 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

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

(d) Street No. **456 E. Madison**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Infant Son of Mr. & Mrs. James E. Millsap**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Infant**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **X X** years

7. Birth date of deceased **January 21, 1943**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	4	hr. _____ min.

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

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER

12. Name **James E. Millsap**

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

14. Maiden name **Mary Elizabeth Davis**

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

16. (a) Informant **James E. Millsap**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **Jan 26, 1943**
(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) **126-43** (b) **W J Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **25th**
year **1943** hour **8:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **January 21, 1943**, to **January 25, 1943**; that I last saw him alive on **January 25, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Atletantia**

Due to **Prematurity (32 weeks pregnancy)**

Due to _____

Other conditions **159**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **None**

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

984

(Licensed Embalmer's Statement on Reverse Side)

23. Signature **Rebecca S. Kay M.D.** (M. D. or other) **M.D.**
Address **Springfield Mo** Date signed **1/26/43**

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.

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