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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr G. Hagerman

State File No. 47882

Registration District No. ____ Primary Registration District No. 2000 Registrar's No. 421

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

(d) Length of stay: In hospital or institution 5 hours (Specify whether

In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39 2

(c) City or town Springfield, (If outside city or town limits, write "RURAL") 6

(d) Street No. 933 S. Pickwick (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Laura Martin

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 Married

6. (b) Name of husband or wife Porter Martin

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

7. Birth date of deceased March (Month) 12, (Day) 1880 (Year)

8. AGE: Years 63 Months 2 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace Brooklyn, (City, town, or county) New York (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name John J Horan
13. Birthplace Brooklyn (City, town, or county) N.Y. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Maugher
15. Birthplace Unknown (City, town, or county) Conn. (State or foreign country)

16. (a) Informant Porter Martin

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May, 26 1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

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

(b) Address Springfield, Missouri

19. (a) 5-25-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 23, year 1943 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from May 22 1943, 19__, to May 23, 1943 that I last saw her alive on May 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	6 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94a

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 Geo W Hagerman (M. D. or other)

Address Springfield, MO Date signed 5/24/43

78 F (Licensed Embalmer's Statement on Reverse Side)

JUL 11 1945

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. 1767

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.