S. No. 2
M—9-4-41
5-17-39
I (Revised)

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1943

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17888

Primary Registration District No. 2000

Registrar's No. 413

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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: 619 N. Weaver /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: –
In this community: –
(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.: 619 N. Weaver
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): J
If yes, name country:

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3. (a) PRINT FULL NAME: Mayme Marion Nearguard
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Orin Nearguard
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: October (Month) 6 (Day) 1902 (Year)

8. AGE: Years: 40 | Months: 7 | Days: 13 | If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) Arkansas / (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Lemon Shelton
13. Birthplace: Unknown (City, town, or county) Arkansas / (State or foreign country)
14. Maiden name: Hattie Rollin
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Gwenth Nearguard
(b) Address: 619 N. Weaver
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 21 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood Cem.
18. (a) Signature of funeral director: W. P. Campbell
(b) Address: 867 Washington
19. (a) 5-19-43 (Date received local registrar) (b) W. E. Hundley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 19th year: 1943 hour: 1 minute: 30 A. M.

21. I hereby certify that I attended the deceased from 5-1- 1943, to 5-19th 1943; that I last saw her alive on 5-19th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	2 days
Due to: Cerebral Apoplexy	5 days
Due to: Malignant Hypertension	?
Other conditions (Include pregnancy within 3 months of death): chr. nephritis, chr. pyelitis	?

Major findings:
Of operations: 131 P
Of autopsy:

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: R. E. Jenkins (M. D. or other) M.D.
Address: 305½ College St. Date signed: 5-19-43

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(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 W. P. Campbell

Licensed Embalmer No. 1747

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.