

U. S. No. 2  
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Rev. 5-17-39  
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24922

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 550

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

39  
62

1. PLACE OF DEATH:

(a) County Green

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida Harritt Black

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife E. R. Black

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 3 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>63</u>	<u>11</u>	<u>4</u>		hr. min.

9. Birthplace Missouri, Uak. Mo. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business \_\_\_\_\_

12. Name Richard Schwartz

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

14. Maiden name Dorothy Fredost

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

16. (a) Informant E. R. Black

(b) Address Goodson, Missouri

17. (a) Burial (b) Date thereof 7-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Star Ridge

18. (a) Signature of funeral director Hutchison & Co.  
(b) Address Bolivar Mo.

19. (a) 7-13-43 (b) E. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th  
year 1943 hour 5:05 minute P M.

21. I hereby certify that I attended the deceased from June 29th  
1943 to July 7th 1943  
that I last saw her alive on July 7th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 1 hr.

Due to Acute Appendicitis 3 days

Due to 12/1/1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Acute Appendicitis  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

23. Signature James L. Moore (M. D. or other) \_\_\_\_\_  
Address Spfld, Mo Date signed 7/13/43

PHYSICIAN  
Underline the cause to which death should be charged statistically.

984 (Licensed Embalmer's Statement on Reverse Side)

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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 J. B. Hutchinson

Licensed Embalmer No. 1331

P. O. Address Bolivar, 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.