No. 2
4-13-40
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1943

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

a s vail 24967

State File No.

Registrar's No. 603.

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: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days (Specify whether
In this community 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. 1905 W. Phellps.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME Jennie Elizabeth Majors Mabe
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 Posey Haymaker Mabe
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept (Month) 1 (Day), 1883 (Year)

8. AGE: Years 59 | Months 10 | Days 25 | If less than one day ___ hr. ___ min.

9. Birthplace Greene (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Tom Majors
13. Birthplace Unk. (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Elizabeth Spradling
15. Birthplace Unk. (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mr. Posey Mabe
(b) Address 1905 W. Phellps, Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation Highlandville, Mo.
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield Mo.
19. (a) 7-28-43 (Date received local registrar) (b) E. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1943 hour 4:47 minute A M.
21. I hereby certify that I attended the deceased from Jan 22, 1943, to July 26, 1943 that I last saw her alive on July 25, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chr. Myocarditis | |
| Due to Hypertension | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 93d | |
| Major findings: Of operations | |
| 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 A. D. Vance (M. D. or other) MD
Address Springfield Mo. Date signed 7/28/43

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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 L. Dolin Gorman

Licensed Embalmer No. 3177

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.**