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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28274

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 676

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

(d) Length of stay: In hospital or institution July 30th to Aug 18, 1943 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Orla Missouri (Rural) O
(If outside city or town limits, write "RURAL")

(d) Street No. Rural O
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Cora Mae Mott

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 Arthur Mott

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July (Month) 17 (Day) 1887 (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	1	1	hr. min.

9. Birthplace Wright County (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

FATHER
12. Name Pownall, Mr Warren
13. Birthplace UNK. (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Bridges, Lizzie
15. Birthplace UNK. (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Mrs. Don Mundell

(b) Address Barstow California

(c) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Pond

18. (a) Signature of funeral director J W Kenyon & Co

(b) Address Springfield, Mo.

19. (a) 8-24-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1943 hour 4 00 minute 20 p.M.

21. I hereby certify that I attended the deceased from 6/25, 1943, to Aug 18, 1943 that I last saw her alive on 8/18, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	2 dys
Due to: Severe hyperthyroidism	30 yrs
Due to:	
Other conditions: Psychosis (Include pregnancy within 3 months of death)	6 mo

107

Major findings:
Of operations — No operation
Of autopsy — No 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 F. W. Doubler (M. D. or other)

Address Med Arts Springfield Mo. Date signed 8/24/43

(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 Ogb Slone Jr.

Licensed Embalmer No. 4175

P. O. Address Springfield Mass

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.