

V. S. No. 2
FORM-2-43
Rev. 5-17-42
I 35397

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28459

State File No. _____

FILED SEP 13 1943

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 166

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hours
(Specify whether years, months or days)

In this community In Lamar 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HAZEL M. DOOL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife R. B. Dool 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 4 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>1</u>	<u>23</u>	<u>hr. _____ min.</u>

9. Birthplace Philo, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John D. Mandeville

{ 13. Birthplace _____ New York
(City, town, or county) (State or foreign country)

{ 14. Maiden name Martha Burr

{ 15. Birthplace _____ Mass.
(City, town, or county) (State or foreign country)

16. (a) Informant R. B. Dool

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Aug 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) Aug 30 '43 (b) Elyzabeth Couplina
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27
year 1943 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 26
1943 to Aug 27 1943;
that I last saw her alive on Aug 26 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death
2nd & 3rd degree burns
from neck trunk & extremities
gasoline stove explosion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 8/1-1

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident A.B.C.

(b) Date of occurrence Aug 26

(c) Where did injury occur? at home - Lamar Barton MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? Yes (Specify type of place) _____ (e) Means of injury gasoline stove explosion

23. Signature H.E. Bond M.D. (M. D. or other) _____
Address Carthage Mo Date signed 8/28/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

19
3

42-8-729

DEC 1 1944

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..... *Carl F. Kowantz*

Licensed Embalmer No..... 2247

P. O. Address..... Lamar, Missouri

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.