S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Dewey 38235

State File No.

FILED NOV 24 1943

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 900

39
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Bapst. Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 68 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39 2
(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No. 526 E. Elm
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lula M. King
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife John King
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Unknown (Month) (Day) 1875 (Year)

8. AGE: Years ✓ 68 Months Unk. Days Unk. If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James Camp 0
13. Birthplace Cabool (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Frances Coward 9
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Lester Cheek
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 11-3-43 (Date received local registrar) (b) Dr W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1943 hour 4 minute 25 p. M.

21. I hereby certify that I attended the deceased from Oct 28 1943, to Nov 2, 1943;
that I last saw her alive on Nov 2. 43, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Recurrent Carcinoma of Breast
Due to Was operated several years ago for carcinoma of breast
Due to This is a recurrence
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 50
Of autopsy

Duration

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 James E Dewey (M. D. or other)
Address Springfield Mo. Date signed Nov 3. 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. Walter E Hamilton

Licensed Embalmer No. 3808

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.