

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42276

FILED JAN 11 1944
Registration District No. 318/28

Primary Registration District No. 200D

Registrar's No. 1063

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 29 days
(Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. 929 N. Rogers
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Letha May (Fesperman) Hill

3. (b) If veteran, name war none

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1943 hour 3 minute 17 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Fred K. Hill

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

7. Birth date of deceased August 6 1902
(Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>4</u>	<u>20</u>	hr. _____ min.

Immediate cause of death.

Acute Hepatitis

Due to Chronic Cholelithiasis

Due to Chronic Cholecystitis

Other conditions Obesity

(Include pregnancy within 3 months of death)

Duration
<u>7 wks (7) 7 D</u>
<u>?</u>
<u>10 yrs.</u>

9. Birthplace Henderson Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Fred W. Fesperman

13. Birthplace unk. N. C.
(City, town, or county) (State or foreign country)

14. Maiden name Francis Pauline Williams

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

Major findings: Hepatitis acute
Of operations cholelithiasis & cholecystitis

Of autopsy Same - also impacted stone at ampulla Vater.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ed. Jay (Lester)

(b) Address Rogersville, Mo. R-2

17. (a) Burial (b) Date thereof 12-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak

18. (a) Signature of funeral director Samuel H. ...

(b) Address Springfield Mo

19. (a) 12-29-43 (b) S. W. ...
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature F. J. ... (M. D. or other) _____

Address ... Mo Date signed 12/28/43

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

19
2
6

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

Charles D. McEulka

Licensed Embalmer No. *2891*

P. O. Address.....

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.