. S. No. 2
M—9-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42279

...istration District No. 128 Primary Registration District No. 2000 Registrar's No. 991

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: 529 E Brower/Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community About 3 Years
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. 529 E. Brower Str.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Evelyn Hunter
3. (b) If veteran, name war None
3. (c) Social Security No. Unk.
4. Sex Female
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unk.
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Unknown (Month) (Day) 1897 (Year)

8. AGE: Years 46 Months Unk. Days Unk. If less than one day ..... hr. ..... min.

9. Birthplace Unk. (City, town, or county) Unknown (State or foreign country)
10. Usual occupation Unknown
11. Industry or business " "
FATHER
12. Name Unk. " "
13. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)
MOTHER
14. Maiden name Unk. " "
15. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)
16. (a) Informant Mattie Dalton
(b) Address 901 Summit Ave. Spfd. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cem.
18. (a) Signature of funeral director W. P. Campbell
(b) Address 869 Washington, Spfd. Mo.
19. (a) 12-20-43 (Date received local registrar) (b) D. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th year 1943 hour Unknown minute ..... M.
21. I hereby certify that I attended the deceased from 12-1-, 1943, to 12-7-, 1943 that I last saw her alive on 12-7-, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Occlusion	Instant
Due to Cardiac Asthma	?
Due to	
Other conditions Ess. Hypertension (Include pregnancy within 3 months of death)	?

Major findings:
Of operations 94 a
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 R. E. Jenking (M. D. or other) M.D.
Address 305 1/2 College St Spfd. Mo. Date signed 12-20-43

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1944

01944

JAN 2 01944

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 W. P. Campbell, Registered Apprentice No. ....., working under my personal supervision.

Signed W. P. Campbell

Licensed Embalmer No. 1747

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.