

S. No. 2  
I-1-4-41  
7-5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2872

State File No. ....

Registrar's No. 55

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1329 N. BROADWAY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 59 YRS. (Specify whether  
In this community 59 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE 39  
(c) City or town SPRINGFIELD 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1329 BROADWAY 6  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

CARRIE HOYT.

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 SINGLE

6. (b) Name of husband or wife None

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

7. Birth date of deceased Feb. 1, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>13</u>	hr. min.

9. Birthplace Newark N. Jersey  
(City, town, or county) (State or foreign country)

10. Usual occupation house work in home

11. Industry or business George Hoyt

12. Name George Hoyt

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

14. Maiden name Selena Shipley

15. Birthplace Newark N. Jersey  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. M. Grammah  
(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof 1-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.  
(b) Address SPRINGFIELD MO.

19. (a) 1-15-44 (b) J. W. Klingner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14th  
year 1944 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from 7-1- 1942 to Jan 14 1944  
that I last saw her alive on 1-12- 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Mal assimilation  
Duration

Due to  
Due to

Other conditions Sanitary  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy 1628  
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature O. E. Fuller (M. D. or other)  
Address Springfield Mo. Date signed 1/14/44

(Licensed Embalmer's Statement on Reverse Side)

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

629

21

**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

*J. B. Klingman*  
.....  
Licensed Embalmer No. 3358

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.**