

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Busick

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7214

FILED FEB 28 1944
Registration District No. 198

Primary Registration District No. 2000

State File No. _____

Registrar's No. 141

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: **Children's Home 5**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days** (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene 39**

(c) City or town **Springfield 2**
(If outside city or town limits, write "RURAL") **6**

(d) Street No. **1022 Lombard**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (c) PRINT FULL NAME **Dorothy Jean Newton**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **T** 5. Color or race **W** 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 **Dec 28, 1943**
(Month) (Day) (Year)

8. AGE: Years **0** Months **1** Days **12** If less than one day hr. _____ min. _____

9. Birthplace **Barnet Massachusetts**
(City, town or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace **Greene Missouri** **9**
(City, town or county) (State or foreign country)

14. Maiden name **Janice Newton**

15. Birthplace **Hudson N.Y.**
(City, town or county) (State or foreign country)

16. (a) Informant **My Olive Chinn Allen**

(b) Address **Children's Home, Spfld., Mo.**

17. (a) **Buried** (b) Date thereof **2-11-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood**

18. (a) Signature of funeral director **Fred C. Phelan**

(b) Address **Springfield, Mo.**

19. (a) **2-10-44** (b) **D. W. Hurdley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **10th** year **1944** hour **8** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **2-8-44** 19. to **2-10-44** 19. **44**
that I last saw **her** alive on **2-10-44** 19. _____
and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia** Duration **1 d.**

Due to **Acute upper respiratory infection** **1 wk**

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

Major findings: Of operations _____

Of autopsy **24a**

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) _____ 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 **0**

23. Signature **Hub Busick** (M. D. or other) _____

Address **Springfield, Mo.** Date signed **2-10-44**

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

29
2
6

984

(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... *Fred G. Thieme*

Licensed Embalmer No... *2899*

P. O. Address... *1100 Boardwalk*

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.