

S. No. 2
M-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7224

State File No.

FILED FEB 28 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 144

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:
1004 Roanoke
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 60 Years
(Specify whether years, months or days)
 In this community 60 Years
(Specify whether years, months or days)

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. 1004 Roanoke
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Lula Rule
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 10
 year 1944 hour 2 minute 30 P.M.

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charles W. Rule
 6. (c) Age of husband or wife if alive Unk. years
 7. Birth date of deceased May 1 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased DOX 2/10/44
only 19... to 19...
 that I last saw h... alive on... 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death Complete heart block Duration 9 hrs.

8. AGE: Years 72 Months 9 Days 9
 If less than one day hr. min.

Due to...
 Due to...
 Other conditions 95a
(Include pregnancy within 3 months of death)

9. Birthplace Benton County Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business L.A. Teague

MOTHER FATHER
 12. Name Unknown Unknown
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Brock Unknown
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Major findings:
 Of operations...
 Of autopsy...
 Underline the cause to which death should be charged statistically.

16. (a) Informant Charles W. Rule
 (b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Feb. 15, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation St. Mary
 18. (a) Signature of funeral director H. H. Lohmeyer
 (b) Address Springfield, Mo.

While at work? 0 (Specify type of place) (e) Means of injury 0

19. (a) 2-14-44 (b) O. H. Handley
(Date received local registrar) (Registrar's signature)

23. Signature J. B. Jemmon (M. D. or other) M. D.
 Address Springfield, Mo. Date signed 2/11/44

984

(Licensed Embalmer's Statement on Reverse Side)

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

39
2
6

44

JAN 1 9 1948

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.

X