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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10972

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 256

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: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours
In this community 24 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas ¹⁰⁷
(c) City or town Cabool
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lora Elsie DeVealt

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1944 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from 3-17, 1944, to 3-18, 1944
that I last saw her alive on 3-18
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased August 21, 1904
(Month) (Day) (Year)

Immediate cause of death Staphylococcus type
Duration 3 days

8. AGE: Years 40 Months 6 Days 27 If less than one day .hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) g/a

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

10. Usual occupation Housewife

11. Industry or business In Home

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

12. Name A. E. Keeter

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Hulda Honeycut

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

16. (a) Informant James Harold Hudson

(b) Address Cabool, Missouri

17. (a) Burial (b) Date thereof Mar 21, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabool, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 3-21-44 (b) S. W. Handley
(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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) _____
Wife at work? _____ (Specify means of injury) _____
23. Signature W. Roland Lancaster (M. D. or other) M.D.
Address Springfield Mo Date signed 3/1/44

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

MOTHER FATHER

984

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1958

JUL 14 1958

MAY 19 1958

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.....

Licensed Embalmer No.....

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.

[Handwritten mark]