. No. 2
—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. A. Knabb

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18037

Registration District No. FILED JUN 1 8 1944 Primary Registration District No. 2000 Registrar's No. 456

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: 1827 E. Blaine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 3 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 29
(c) City or town: Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No.: 1827 E. Blaine (If rural, give location) 6
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Hattie C. Day
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: John Day
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: April (Month) 7, (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
77	1	20	..... hr. ..... min.

9. Birthplace: Edgar County (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation: Home
11. Industry or business
FATHER
12. Name: George Chambers
13. Birthplace: Unk. (City, town, or county) Pennsylvania (State or foreign country) 1
MOTHER
14. Maiden name: Martha Bruebecker
15. Birthplace: Unk. (City, town, or county) Pennsylvania (State or foreign country) 1
16. (a) Informant: Mrs. Clara Howland
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 1, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 5-31-44 (Date received local registrar) (b) B. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 27 year: 1944 hour: 9 minute: 45 p.M.
21. I hereby certify that I attended the deceased from Apr. 15 19 44 to May 27 19 44 that I last saw h. alive on May 27 19 44 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis of Liver with metastases	1 yr ?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

H6f

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: Arthur Pugh (M. D. or other) M.D.
Address: 4 S. 12 E. Cont'l. Spfd. Mo. Date signed: 5-29-44

(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 Walter E. Handler

Licensed Embalmer No. 3818

P. O. Address Brookline Mass

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.