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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18067**
Registrar's No. **457**

Registration District No. **9-1284**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Spfld.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 910 N Glenstone
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 8 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 910 N Glenstone
(If rural, give location)

(e) Citizen of foreign country? 6 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary J. Lewis

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** Widow

6. (b) Name of husband or wife unk. **6. (c) Age of husband or wife if alive** Dec. years

7. Birth date of deceased Nov. 22, 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Franklin Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Nora May Starford

(b) Address 910 N Glenstone, Spfld.

17. (a) Removal 1-1-44 **(b) Date thereof** 5-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutesville, Mo

18. (a) Signature of funeral director Fred C. Thiem

(b) Address Springfield, Mo

19. (a) 5-29-44 **(b) 5 N E Hardy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1944 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 1944 to May 28 1944
that I last saw her alive on May 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Uremia Duration 2 Wks

Due to Primary carcinoma of cervix of uterus 10 YRS

Due to Carcinoma of breast and sigmoid 7 YRS

Other conditions Infirmities of aged
(Include pregnancy within 3 months of death)

Major findings: Urea

Of operations _____

Of autopsy _____

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 William J. Napier (M. D. or other) MD

Address Plumess Rd Spfld. **Date signed** 5-29-44

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 C. Thieme

Licensed Embalmer No. *28991*

P. O. Address. *Springfield*

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