V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21528

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 524

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

39
2
6

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:
1939 TAYLOR
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE 39

(c) City or town SPRINGFIELD 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1939 TAYLOR 6
(If rural, give location)

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

3. (a) PRINT FULL NAME GEORGIE A. CARVER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED 3

6. (b) Name of husband or wife Unk.

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased FEB. (Month) 19 (Day) 1880 (Year)

8. AGE: Years 64 Months 4 Days 2 If less than one day hr. min.

9. Birthplace SALINE CO. (City, town, or county) 0 MO. (State or foreign country)

10. Usual occupation PRACTICAL NURSE

11. Industry or business NURSING.

FATHER
12. Name GEORGE MONROE BUIE
13. Birthplace MARSHALL (City, town, or county) 0 MO. (State or foreign country)

MOTHER
14. Maiden name MARY ALICE WELLS
15. Birthplace POSEY CO. (City, town, or county) IND. 1 (State or foreign country)

16. (a) Informant Fannie V. Buie
(b) Address SPRINGFIELD MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall Mo.

18. (a) Signature of funeral director J.W. Klingner & Co
(b) Address SPRINGFIELD MO.

19. (a) 6-22-44 (Date received local registrar) (b) [illegible] Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 21
year 1944 hour 9 minute 25 A. M.

21. I hereby certify that I attended the deceased from MAY 27, 1944, to June 21, 1944; that I last saw her alive on June 21, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Circulatory collapse.	2 days
Due to Hemorrhage on base of brain & hypostatic pneumonia	2 days
Due to	
Other conditions Atrophic arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83a
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C. Andrew Wurst (M. D. or other) 2 100
Address 321-322 Woodruff Bldg Date signed 6-21-44

78 (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.....

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.