S. No. 2
DM—5-42
v. 5-17-39
P1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21537

Registration District No. FILED JUL 7 1944 / 28

Primary Registration District No. 2000

Registrar's No. 522

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

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: 944 S. Robberson
(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 .....

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.: 944 S. Robberson
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: JANE DEAN
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Harry Dean
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: March (Month) 15 (Day) 1866 (Year)

8. AGE: Years 78 | Months 3 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace: UNK. (City, town or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
MOTHER FATHER
12. Name: Robert Wommack
13. Birthplace: UNK. (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Elvira Hikens
15. Birthplace: UNK. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Harry Dean
(b) Address: 944 S. Robberson, Spfd, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood Cem.
18. (a) Signature of funeral director: W. P. Campbell
(b) Address: 867 Washington Ave
19. (a) 6-25-44 (Date received local registrar) (b) for W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th year 1944 hour 2:00 minute P. M.
21. I hereby ~~certify~~ that I attended the deceased from March 28th 1944 to June 20th 1944 that I last saw h. alive on June 17th 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Exhaustion | |
| Due to: Hypertension Heart Disease With Decompensation | 3 Mo. |
| Due to: Essential hypertension | |
| Other conditions (Include pregnancy within 3 months of death): Chr. myocarditis Chr. nephritis Poss. Cancer of Stomach | |

Major findings:
Of operations: 7
Of autopsy: 46 P

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: R. E. Jenkins (M. D. or other) MD
Address: 305 E. College St. Spfd. Mo. Date signed 6-25-44

(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 N. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield Ill

**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.**