

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21554

State File No.

Registrar's No. 543

FILED JUL 7 1944  
Registration District No. 2000

Primary Registration District No. 2000

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:  
1125 S. National  
(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 40 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 29

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

(d) Street No. 225 S. Florence 6  
(If rural, give location)

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

3. (a) PRINT FULL NAME Clara B. Janss

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year '44 hour 2 minute 30 a.m.

21. I hereby certify that I attended the deceased from Feb 4  
1944 to June 29 1944  
that I last saw him alive on June 24 1944  
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. Widowed

6. (b) Name of husband or wife Henry Janss 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July 28, 1969  
(Month) (Day) (Year)

Immediate cause of death Carcinoma  
Duration

8. AGE: Years 74 Months 11 Days 0 If less than one day hr. min.

Due to Carcinoma of Bladder and Uterus

Due to

9. Birthplace New Boston, Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 488

10. Usual occupation Housewife

11. Industry or business In Home

Major findings: Of operations Microscopic - Carcinoma of Bladder  
Of autopsy 70

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Wishnow

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

14. Maiden name 9

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

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? \_\_\_\_\_

16. (a) Informant Herman H. Janss

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof July 2, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

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

(b) Address \_\_\_\_\_

19. (a) 6-29-44 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Handley (M. D. or other) \_\_\_\_\_  
Address Spfld, Mo Date signed \_\_\_\_\_

987 (Licensed Embalmers' Statement on Reverse Side)

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

39  
2  
6

JUL 18 1944

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**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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Springfield Mo

**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.**