S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1944

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Langston 21579

State File No.

Primary Registration District No. 2000

Registrar's No. 503

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: St. Johns Hosp. 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.: Route # 2 Walnut Grove
(If rural, give location)

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

3. (a) PRINT FULL NAME: Infant Daughter of Mr. Mrs. Robert E. Puckett

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: Single 0

6. (b) Name of husband or wife: NONE

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

7. Birth date of deceased: June (Month) 14, (Day) 1944 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 1 hr. min.

9. Birthplace: Springfield (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Child

11. Industry or business:

FATHER
12. Name: Robert Edward Puckett
13. Birthplace: Springfield (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Ruth Marie Hagner
15. Birthplace: Helper (City, town, or county) Utah 0 (State or foreign country)

16. (a) Informant: Robert E. Puckett
(b) Address: Route # 2, Walnut Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 15, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Eastlawn

18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) 6-15-44 (Date received local registrar) (b) W. F. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 14 year: 1944 hour: 6 minute: 10 p. M.

21. I hereby certify that I attended the deceased from 6-14 1944 to 6-14 1944 that I last saw her alive on 6-14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature 8-9 mos	
aspiration	
Due to Hydramnion (Chronic)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

159

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: W. Roland Langston (M. D. or other) O MO
Address: Springfield, Mo. Date signed: 6/15/44

984

(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.

This body not embalmes.