V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24722

Registration District No. 728 Primary Registration District No. 5465 Registrar's No. 629

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

29
0
0

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural, N. Campbell Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route # 1 ~~Springfield, Mo~~
(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 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Rural-N. Campbell Twp 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 1
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary L. Schofield

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 Widowed 2

6. (b) Name of husband or wife Frank L. Schofield

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

7. Birth date of deceased Dec. (Month) 25, (Day) 1874 (Year)

8. AGE: Years 69 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name William Leonard
13. Birthplace Unk. (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Carry Skinner
15. Birthplace Unk. (City, town, or county) Vermont (State or foreign country)

16. (a) Informant Mrs. O.R. Wilson
(b) Address Route # 1, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/44 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

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

19. (a) 7-31-44 (Date received local registrar) (b) Dr. W.E. Handley (Registrar's signature)

984 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1944 hour 6 minute 30 a.M.

21. I hereby certify that I attended the deceased from Unattended, 19 by physicians 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to probably cerebral hemorrhage

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

83a

Duration

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 Dr. W.E. Handley Local registrar (M. D. or other)

Address Springfield Mo 4 Date signed 7/30-44

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 Walter E. Hamilton

Licensed Embalmer No. 3808

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.