

No. 2  
-9-4-41  
5-17-3  
X-25485

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Evans  
27751  
State File No.  
Registrar's No. 644

FILED AUG 23 1944

Registration District No. 128

Primary Registration District No. 5466

1. PLACE OF DEATH: GREENE  
(a) County GREENE  
(b) City or town Rural N. Campbell Township  
(c) Name of hospital or institution: Springfield, Route # 6 /  
(d) Length of stay: In hospital or institution 3 Months, 8 days  
In this community 3 Months, 8 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Rural N. Campbell Township  
(d) Street No. Springfield Route # 6  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Joan Hitchcock  
(b) If veteran, name war No  
(c) Social Security No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 7 year 1944 hour 1:00 minute 2 M.  
21. I hereby certify that I attended the deceased from Aug 1944 to Aug 5 1944  
that I last saw her alive on Aug 5 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 Single  
6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased April 29, 1944

Immediate cause of death Acute atypical Gastro Enteritis

8. AGE: Years 0 Months 3 Days 8

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

9. Birthplace Springfield Missouri  
10. Usual occupation Infant

MOTHER FATHER  
12. Name Rufus Hitchcock  
13. Birthplace Douglas County Missouri  
14. Maiden name Erle Manning  
15. Birthplace Cherokee County Oklahoma

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

16. (a) Informant Rufus Hitchcock  
(b) Address Route # 6, Springfield, Mo.  
17. (a) Burial (b) Date thereof 8/7/44  
(c) Place: burial or cremation Eastlawn  
18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo.  
19. (a) 8-7-44 (b) Dr. W. Handley

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature (M. D. or other) Date signed 5/7/44

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

39  
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0

39

984

11-1-68

11-1-68

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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.....

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 embalmed**