

FILED NOV 6 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 851

39  
26

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community 48 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 39

(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 6

(d) Street No. 2201 N. Prospect  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MITTIE GRACE LAMBETH

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife MELVIN LAMBETH

6. (c) Age of husband or wife if alive 52 years (Day) (Year)

7. Birth date of deceased April 1896 (Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Greene Co Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Dr. Y McKinzie

13. Birthplace Greene Co Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA J. COOK

15. Birthplace Washington Ark 1  
(City, town, or county) (State or foreign country)

16. (a) Informant MELVIN LAMBETH

(b) Address 2201 N. Prospect - Springfield, Mo

17. (a) Burial (b) Date thereof Oct 30 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Comfort Cem.

18. (a) Signature of funeral director J. W. McKinzie et al.

(b) Address Springfield Mo

19. (a) 10-30-44 (b) 5-12-44  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28  
year 1944 hour 6 minute 30 AM.

21. I hereby certify that I attended the deceased from 6/29/44  
1944 to 10-28- 1944

that I last saw her alive on 10/27/ 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus with metastasis to pelvic bones & ribs

Due to 48ms

Due to 48ms

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (c) Means of injury

23. Signature Dr. E. Feller (M. D. or other)

Address Springfield Mo Date signed

**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 *Ogle Stone Jr*.....

Licensed Embalmer No. *4176*.....

P. O. Address *Springfield*.....

**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.**