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v. 5-17-39
X32873

9649

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 9 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 225

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

9
2
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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
1237 N Roberson St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 yrs
(Specify whether years, months or days)

In this community 9 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 1237 N Roberson St 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lethe Elizabeth Cook

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1945 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from 3/15
1945 to 3/16 1945

that I last saw her alive on 3-16 1945
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 Married

6. (b) Name of husband or wife Earl C. Cook

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased May 7, 1913
(Month) (Day) (Year)

Immediate cause of death Mesenteric Embolism 93 hrs Duration

Due to 99:1

Due to

Other conditions Catheter blocking bowel
(Include pregnancy within 3 months of death)

8. AGE: Years 31 Months 10 Days 9
If less than one day hr. min.

9. Birthplace Regrsville Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name UNK.

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

14. Maiden name UNK.

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

Major findings:
Of operations

Of autopsy

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

16. (a) Informant Earl C. Cook

(b) Address 1237 N Roberson Ave, Springfield Mo

17. (a) Burial (b) Date thereof March 19, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive cemetery

18. (a) Signature of funeral director Evelyn C. Pheme

(b) Address 1100 Bronville Ave, Springfield Mo

19. (a) 3-19-45 (b) S. W. Handley
(Date received local registrar) (Registrar signature)

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) (c) Means of injury 0

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

Address Springfield Mo Date signed

984

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..... *Fred C. Thorne*

Licensed Embalmer No. *2899*

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.

X