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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13442

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 343

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. John's Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 419 State (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elsie C. Rhea

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 Clyde Rhea

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

7. Birth date of deceased Sept. (Month) 25 (Day) 1891 (Year)

8. AGE: Years 53 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Newark (City, town, or county) New Jersey (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Fred Flammer
13. Birthplace unk. (City, town, or county) New Jersey (State or foreign country)

MOTHER
14. Maiden name Louise Drowan
15. Birthplace unk. (City, town, or county) New Jersey (State or foreign country)

16. (a) Informant Clyde Rhea

(b) Address Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/24/45 (Month) (Day) (Year)

(c) Place: burial or cremation Newark, N.J.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-23-45 (Date received local registrar) (b) D W S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1945 hour 12 minute 10p. M.

21. I hereby certify that I attended the deceased from 3/29, 1945, to 4/21, 1945 that I last saw her alive on 4/21, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of liver primary in gall bladder	3 mos
Due to	
Due to 46 K	
Other conditions: Deep jaundice (Include pregnancy within 3 months of death)	2 wks

Major findings: Of operations Carcinoma diffuse of liver - ascites

Of autopsy Carcinoma primary in gall bladder - gall stones

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 F M Loutler (M. D. or other)

Address Med Arts Spfld Mo Date signed 4/24/45

(Licensed Embalmer's Statement on Reverse Side)

MAY 31 1945

AUG 1 1951

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. 2457

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.