

FILED SEP 25 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 73F

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:
1000 S. Weller
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(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. 1000 S. Weller
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MRS. LISETTA PATTON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife UNK. 6. (c) Age of husband or wife if alive Dec -years
7. Birth date of deceased Nov. 2, 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Cincinnati, Ohio.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER } 12. Name Conrad Gehringer
13. Birthplace UNK. Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise Flock
15. Birthplace UNK. Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. N. H. Faris
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof Sept. 16, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookline Cemetery

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME

(b) Address 534 St. Louis Street, Spfld, Mo.

19. (a) 9-15-45 (b) by N.S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1945 hour 10: minute 50 P.M.

21. I hereby certify that I attended the deceased from 9, 10, 45, 1945, to 9, 13, 45, 1945;
that I last saw h. er alive on 1, 13, 45, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Pneumonia, lobar Duration 3 days

Due to She had been bedfast since 1936-paralysis

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... 108
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?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature J. J. J. J. J. (M. D. or other)
Address Springfield, Mo. Date signed 9, 15, 45

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

9
2
6

944

4

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.....

L. A. Roof
Licensed Embalmer No. 3044

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.