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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33709

FILED NOV 13 1945

State File No.

Registration District No. 128

Primary Registration District No. 200D

Registrar's No. 755A

9
2
6

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: City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 hrs. (Specify whether years, months or days)

In this community 72 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 1218 N. Marion Ave (If rural, give location) 6

(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME Mrs. Lou Arnett

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 July (Month) 3 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	73	2	20	hr. min.

9. Birthplace Lancaster Cty. (City, town, or county) Penn. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name David Blank
13. Birthplace Lancaster (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Lacy
15. Birthplace Lancaster (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Effie Montfort

(b) Address 1218 N. Marion, Spfd., Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director W. L. Dunn

(b) Address Springfield Mo

19. (a) 11-1-45 (Date received local registrar) (b) Dr N E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23 year 45 hour 4 minute 30 a. M.

21. I hereby certify that I attended the deceased from Sept 23, 1945 to Sept 23, 1945 that I last saw her alive on Sept 23, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
2nd degree - Burn	✓
Due to Burn	
Due to Was lighting laundry stove caught apron on fire.	
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) Accident 133

(b) Date of occurrence Sept 23, 1945

(c) Where did injury occur? Springfield (City or town), Greene (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home (Specify type of place)

While at work? No (e) Means of injury BURNS

23. Signature [illegible] (M. D. or other)

Address Spfd., Mo. Date signed

9.84 (Licensed Embalmer's Statement on Reverse Side)

APR 6 1951

APR 4 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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.