

**FILED** JAN 26 1946  
**128**

Registration District No. \_\_\_\_\_ Primary Registration District No. **2000** \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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:  
**1107 N. Jefferson Ave. /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
**37 Years** (Specify whether  
years, months or days)

In this community \_\_\_\_\_

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. **1107 N. Jefferson Ave.**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MYRTLE HACKETT McLEOD**

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 **Married**

6. (b) Name of husband or wife **Dumard J. McLeod** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **January 22, 1875**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **11** Days **12** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Palestine, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **House wife**

12. Name **John T. Hackett**

13. Birthplace **Unknown, Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Frances Della Shearer**

15. Birthplace **Unknown, Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lola Blodgett**

(b) Address **Owego, New York**

17. (a) **Burial** (b) Date thereof **Jan. 7, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn**

18. (a) Signature of funeral director **Fred O. Thieme**

(b) Address **Springfield, Mo.**

19. (a) **1-7-46** (b) **W. Handley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **4th**  
year **1946** hour **1:20 PM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Nov. 3, 1945** to **Jan 4, 1946**  
that I last saw her alive on **Dec 31, 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**  
Duration **20 MINUTES**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Fract. of hip 2 1/2 Mo ago. Healed.**  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **Gene W. Farthing** (M. D. or other) \_\_\_\_\_  
Address **Holland Bldg., Springfield** Date signed **1-7-46**

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

9  
2  
6

633

37

0

Duration  
20  
MINUTES

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

ms. LV

**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 Ralph Thiem

Licensed Embalmer No. 3681

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