S. No. 2
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P I X29484

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

654

Dr. Busick

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2731

FILED 1946

Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 76

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

(d) Length of stay: In hospital or institution 1 Hr., 18 Min. (Specify whether
In this community 1 Hr., 18 Minutes years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 107

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Carol Louise McNew

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 Single

6. (b) Name of husband or wife None

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

7. Birth date of deceased July (Month) 11 (Day) 1945 (Year)

8. AGE: Years 0 | Months 6 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Houston (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Ralph A. McNew
13. Birthplace Houston (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Erma Harris
15. Birthplace Houston (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ralph A. McNew
(b) Address Houston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/46 (Month) (Day) (Year)
(c) Place: burial or cremation Houston, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 1-28-46 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26 year 1946 hour 1 minute 38 p. M.

21. I hereby certify that I attended the deceased from 1-26, 1946 to 1-26, 1946 that I last saw her alive on 1-26-, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction (Volvulus	1d
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Meckel's diverticulum	
Major findings: Of operations 1226	
Of autopsy Intestinal obstruction Defect in mesentery c volvulus	

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 Arthur Busick (M. D. or other)

Address Springfield Mo. Date signed 1-27-46

(Licensed Embalmer's Statement on Reverse Side)

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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 Dochin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Md

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.