S. No. 2
M—1-4-41
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P1 X28390

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

662

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2740

FILED FEB 11 1946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 65

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. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hours (Specify whether years, months or days)
In this community 14 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 649 N. Nettleton Ave. 6
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FAITH NAPIER

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 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 January (Month) 23, (Day) 1946 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	14 hr. 15 min.

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

10. Usual occupation INFANT

11. Industry or business None

FATHER
12. Name Jess Napier
13. Birthplace Texas County, (City, town or county) Missouri () (State or foreign country)

MOTHER
14. Maiden name Hazel Konkel
15. Birthplace Wright County, (City, town, or county) Missouri () (State or foreign country)

16. (a) Informant Jess Napier
(b) Address 649 N. Nettleton, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Fred O. Thieme
(b) Address Springfield, Mo.

19. (a) 1-24-46 (Date received local registrar) (b) Ivor M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23rd year 1946 hour 11:00 PM minute M.

21. I hereby certify that I attended the deceased from Jan 23 1946 to Jan 23 1946 that I last saw he alive on Jan 23 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia + Hypertension of Mother

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy

Duration

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) No
(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 Robert F. Wellman (M. D. or other)
Address Springfield Mo Date signed 1-24-46

(Licensed Embalmer's Statement on Reverse Side)

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.

Not Embalmed

Signed Ralph H. Thieme

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