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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2745**

FILED FEB 11 1946

Registration District No. **228**

Primary Registration District No. **2000**

Registrar's No. **64**

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:
1709 ~~W~~ N. Johnson /
(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 **Mo.** (b) County **Greene 39**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1709 N. Johnson**
(If rural, give location) **6**
(e) Citizen of foreign country? **No.** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Marie Oldfield**

3. (b) If veteran, name was **None** 3. (c) Social Security No. **493-14-4629**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Guy Oldfield** 6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **Aug. 6, 1914**
(Month) (Day) (Year)

8. AGE: Years **30** Months **5** Days **17** If less than one day hr. _____ min. _____

9. Birthplace **UNK.** Ark. (City, town, or county) (State or foreign country)

10. Usual occupation **Order Checker**

11. Industry or business **Food products Co.**

12. Name **Gordon Dillard**

13. Birthplace **UNK.** Ark. (City, town, or county) (State or foreign country)

14. Maiden name **Mary E. Barnes**

15. Birthplace **UNK.** unknown (City, town, or county) (State or foreign country)

16. (a) Informant **Guy Oldfield**

(b) Address **Springfield Mo.**

17. (a) **Removal** (b) Date thereof **Jan 27 - 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Violet Hill, Ark.**

18. (a) Signature of funeral director **J. W. Klingner & Co.**

(b) Address **Springfield Mo.**

19. (a) **1-25-46** (b) **S. M. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **23,** year **1946** hour **1** minute **30** P. M.

21. I hereby certify that I attended the deceased from **11-13-** 19**45** to **1-23-** 19**46** that I last saw **her** alive on **1-22-** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Ovaries with metastasis to Bladder Intestine & Abdominal wall.** Duration **3 mo**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy **H90**

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) (e) Means of injury _____

23. Signature **C. E. Fuller** (M. D. or other) _____

Address **Springfield Mo.** Date signed **1-24-** _____

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

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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..... *J. Klingner*
Licensed Embalmer No. *3358*
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