

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1946
STANDARD CERTIFICATE OF DEATH

Registration District No. 128 Primary Registration District No. 2000

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: 1339 Benton /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 Years
years, months or days

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")
(d) Street No. 1339 Benton 6
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mae Grier
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 25
year 1946 hour 7:06 minute a. M.

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 May 25, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-1, 1946 to 3-25, 1946
that I last saw he alive on 3-24, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 10 Days 0 If less than one day
hr. 0 min. 0

Immediate cause of death Cancer of Stomach Duration 3-Yrs.

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

Due to Ulcer of Stomach 3-4 yrs

10. Usual occupation Home

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: _____
Of operations 46k

12. Name James A. Grier

Of autopsy _____

13. Birthplace UNK. North Carolina
(City, town, or county) (State or foreign country)

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

14. Maiden name Cabell's Sh Moore

15. Birthplace UNK. North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Chaudet

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 3/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

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 ②

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

Address Springfield, Mo. Date signed 3-25-46

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

7994

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 Walter E. Hamilton

Licensed Embalmer No. 3808

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.

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