

S. No. 2
DM-5-43
v. 5-17-39
P 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16291

FILED MAY 27 1946

State File No. _____
Registrar's No. 419

Registration District No. 128 Primary Registration District No. 2000

39
2
6
15178
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: S.P.E.D. Baptist Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Months
(Specify whether _____)
In this community 25 Years
(years, months or days)

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. 705 Kimbrough
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT NAME Ica Dora Bruton
FULL NAME
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14
year 1946 hour 3 minute 30 p.m.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dr. T.S. Bruton
6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased Aug. 15, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
_____ 1945 to July 14 1946
that I last saw h. ex alive on 27/4 _____ 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>74</u>	<u>8</u>	<u>29</u>		hr. min.

Immediate cause of death Carcinoma of Colon
Due to _____
Due to _____

9. Birthplace (Near) Conway Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions Rural Stone
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy 462

MOTHER FATHER
11. Industry or business _____
12. Name Daniel Doris
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Dr. T.S. Bruton
(b) Address Springfield, Mo.
17. (a) Burial (b) Date thereof 5/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Seymour, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 5-16-46 (b) Dr. W.E. Haulley
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Ray D. Callaway (M.D. or other) MD
Address Springfield, Mo. Date signed 5/16/46

NOV 30 1958

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.