

DEPARTMENT OF COMMERCE  
BUREAU OF REGISTRARS  
**FILED JUN 12 1946** STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 457

Registration District No. 128 Primary Registration District No. 2000

9  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
664 Nichols /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 40 Years. years, months or days)

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. 664 Nichols 6  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Maude Lee Hall  
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 28  
year 1946 hour 10 minute 15a. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Harry E. Hall 6. (c) Age of husband or wife if alive UNK. years  
7. Birth date of deceased Jan. 13, 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1944 to May 27 1946  
that I last saw her alive on May 19 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
 58 4 15 hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of uterus Duration 2 yrs.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (include pregnancy within 3 months of death)

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 488  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Josiah J. Hall /  
13. Birthplace UNK. Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Viola Lowe  
15. Birthplace UNK. Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry E. Hall  
(b) Address Springfield, Mo.  
17. (a) Burial (b) Date thereof 5/31/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenlawn

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?

18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo.  
19. (a) 5-30-46 (b) Max Fitch  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Max Fitch (M. D. or other) M.D.  
Address Springfield Mo Date signed 5-29-46

JUL 2 1948

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.

X