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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 15 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 623

Registration District No. 128

Primary Registration District No. 2000

22150
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:
Springfield Baptist Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93

(c) City or town Osceolla 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) 1

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MRS. MARY MELLISA HEMPHILL

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 married

6. (b) Name of husband or wife Victor Hemphill

6. (c) Age of husband or wife if alive UNK. years

7. Birth date of deceased December 14, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<input checked="" type="checkbox"/> 71	7	10	hr. min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name De Louies

13. Birthplace UNK. Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Fentress

15. Birthplace UNK. Unknown 11
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Hemphill

(b) Address Osceolla, Missouri

17. (a) Burial (b) Date thereof 7-29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osceola, Missouri

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME

(b) Address 534 St. Louis St., Springfield, Mo

19. (a) 7-29-46 (b) S. W. Handy
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1946 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from 6/23/46
to 6/24 1946
that I last saw h^e alive on 6/24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Gastro-enteritis 2 days

Due to Acute nephritis - (Anuria) 2 days

Due to not known

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 130

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Ray D. Callaway (M. D. or other) M.D.
Address Springfield, Mo Date signed 7/29/46

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..... *E. A. Raus*

Licensed Embalmer No. *3044*

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