S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23330

FILED AUG 1 1946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 561

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: City Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

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

(d) Street No. 654 N. Franklin (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Pauline Whitlock

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Armer Whitlock

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

7. Birth date of deceased UNK (Month) UNK (Day) 1903 (Year)

8. AGE: Years 43 Months UNK Days UNK If less than one day hr. min.

9. Birthplace Ozark (City, town, or county) Mo. (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name James Layton
13. Birthplace Ozark (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ellen Gray
15. Birthplace Ozark (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Armer Whitlock

(b) Address 654 N. Franklin, SPFD., Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Memorial

18. (a) Signature of funeral director H. V. Smith

(b) Address 702 N. Jefferson, Spfd., Mo

19. (a) 7-2-46 (Date received local registrar) (b) 5 W. S. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 1 year 46 hour 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from 6-22, 1946 to 7-1, 1946 that I last saw her alive on 6-30, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute meningitis tuberculosis (?)	1 wk
Due to: Chr. pulmonary tuberculosis	7 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 13 b

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? (Specify type of place)

While at work? Means of injury

23. Signature Arthur D. Knabb (M. D. or other) MD

Address 450 1/2 E. Cavil, Spfd., Mo. Date signed 7-2-46

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1948

FEB 24 1947

OCT 8 1946

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 Herbert V. Smith

Licensed Embalmer No. 4286

P. O. Address Springfield

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.