

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Freeman  
State File No. 33271

FILED NOV 7 1946

Registration District No. 128 Primary Registration District No. 2600 Registrar's No. 857

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 825 E. Calhoun  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 20 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. 825 E. Calhoun 6  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 9  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Vera V. Haseltine

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24  
year 1946 hour 12 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 Fred Haseltine

6. (c) Age of husband or wife if alive 1888 years

7. Birth date of deceased Nov. 7 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3PM Oct. 23 1946 to 12:50A 10/24 1946  
that I last saw her alive on 10/23 1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>11</u>	<u>17</u>	hr. min.

Immediate cause of death Coronary thrombosis sudden  
Due to valvular heart lesion 3 yrs

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

10. Usual occupation Housewife

Of autopsy no

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

11. Industry or business \_\_\_\_\_

12. Name Samuel Wolford

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

14. Maiden name Unknown

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

16. (a) Informant Fred Haseltine

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 10/25/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

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

(b) Address Springfield, Mo.

19. (a) 10-25-46 (b) W. J. Handley M.D.  
(Date received local registrar) (Registrar's signature)

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 J. Freeman (M. D. or other) \_\_\_\_\_  
Address Springfield Mo Date signed 10/29/46

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

32099

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**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 *Paul L. Thompson*  
Licensed Embalmer No. *2457*

P. O. Address.....

**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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