

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

33280

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 28 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 793

Registration District No. 128 Primary Registration District No. 2000

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:  
2019 Pierce  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community about 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 2019 Pierce 6  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harriet McQuerter

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2,  
year 1946 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on 10 2 and that death occurred on the date and hour stated above. 1946;

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John McQuerter 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased January 2, 1875  
(Month) (Day) (Year)

Immediate cause of death Acute coronary Occlusion Duration \_\_\_\_\_

Chronic Heart Disease

8. AGE:  Years 71  Months 9  Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

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

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

10. Usual occupation House Wife

Major findings: ASC

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

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

12. Name Mark West

13. Birthplace Dont Know  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Holmes

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

16. (a) Informant Myrtle Johnson

(b) Address 2019 Pierce Springfield Mo.

17. (a) Burial (b) Date thereof 10-6-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cem.

18. (a) Signature of funeral director Guttinger & Co.

(b) Address Springfield Mo.

19. (a) 10-3-46 (b) W E Handley md.  
(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) No

(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? \_\_\_\_\_ (e) Means of injury 9

23. Signature W E Handley (M. D. or other)

Address 921 1/2 E. Commercial St. Date signed 10-2-46

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

MOTHER FATHER

111

(Licensed Embalmer's Statement on Reverse Side)

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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.....

*Ogle Stone Jr.*

Licensed Embalmer No.....

*5176*

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.**

X