

S. No. 2  
DM-2-43  
5-17-39  
X35627

33289

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 23 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 836

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution Springfield Baptist Hospital  
(d) Length of stay: In hospital or institution 17 hrs.  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kans. (b) County Douglas  
(c) City or town Springflower  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Baby Ore  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 16  
year 1946 hour 5 minute 30 P.M.

4. Sex M. 5. Color or race Wht  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from 10/15 1946 to 10/16 1946  
that I last saw him alive on 10/15 1946  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Oct 15 1946  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 17 hr. \_\_\_\_\_ min.

Immediate cause of death Premature birth  
Duration 6 1/2 mo.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Springfield Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation \_\_\_\_\_

Other conditions Hard lip & cleft palate  
(Includes pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Carey E. Ore  
13. Birthplace Emporia Kan  
14. Maiden name Bettie Irene Garrison  
15. Birthplace Topeka Kan

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Carey E. Ore  
(b) Address Springflower Kan  
17. (a) Rossvelt Burial (b) Date thereof 10-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Waverly Kansas

While at work? \_\_\_\_\_ (Specify type of place)  
(d) Means of injury \_\_\_\_\_  
23. Signature J F Freyman (M. D. or other) \_\_\_\_\_  
Address Springfield Mo Date signed 10/16/46

18. (a) Signature of funeral director Familey  
(b) Address Waverly Kansas  
19. (a) 10-16-46 (b) W. E. Handy MD  
(Date received local registrar) (Registrar's signature)

111 (Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Licensed Embalmer No.....

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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