

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1947

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 703

Registrar's No. 803

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 301 E Pine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Naomi Hanley

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-16-6542

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 48 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Restaurant

11. Industry or business _____

12. Name Unknown Unknown

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

14. Maiden name Unknown Unknown

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

16. (a) Informant Eugene Mitchell

(b) Address 629 E. Bremer

17. (a) Burial (b) Date thereof 1-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Memorial

18. (a) Signature of funeral director W. P. Campbell

(b) Address 867 Washington

19. (a) 1-27-47 (b) W. P. Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 301 E. Pine St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1947 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from 1:30 A.M. Jan 24
94 1947, to 1:50 Jan 24 1947.
that I last saw her alive on Jan 24 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. Marshall Brown (M. D. or other)

Address 311 1/2 Boonville Date signed Jan 27 1947

(Licensed Embalmer's Statement on Reverse Side)

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

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 W. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.