

S. No. 2
M-843
5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Kelly
State File No. 830
Registrar's No. 55

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: City Hosp.
(d) Length of stay: In hospital or institution 5 Hours
In this community 5 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Rural Homeland Addition
(d) Street No. 39
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Lola Perryman
(b) If veteran, name war No
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 17
year 1947 hour 7 minute 30a. M.
21. I hereby certify that I attended the deceased from 1-9-1947 to 1-9-1947
that I last saw her alive on 1-9-1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown
8. AGE: Years 41 Months _____ Days _____
If less than one day hr. _____ min. _____

Immediate cause of death Postpartum Hemorrhage
Due to Amelior of cord at insertion into an unseparated placenta
Other conditions _____
Major findings: _____
Of autopsy As above

9. Birthplace West Emanince Missouri
10. Usual occupation Home
11. Industry or business _____
12. Name J. A. Benson
13. Birthplace Unknown Unknown
14. Maiden name Unknown
15. Birthplace Unknown Unknown
16. (a) Informant City Hosp. Records
(b) Address Springfield, Mo.
17. (a) Burial (b) Date thereof 1/21/47
(c) Place: burial or cremation Bolivar, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 1-21-47 (b) W.S. Handley MD

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? _____
23. Signature W. Kelly MD
Address Springfield, Mo. Date signed 20-47

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

APR 10 1947

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 Walter E. Hamel
Licensed Embalmer No. 3898
P. O. Address Springfield MA

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.