

No. 2
12-45
5-17-39
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THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4572
Registrar's No. 138

FILED FEB 28 1947

Registration District No. 128

Primary Registration District No. 2000

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

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME DONNA KAY SHULL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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: May 25, 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>8</u>	<u>28</u>	_____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Jessie Shull

13. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Rathbone

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

16. (a) Informant Jessie Shull

(b) Address 1107 Nichols Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/1947
(Month) (Day) (Year)

(c) Place: burial or cremation Danforth cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
Springfield, Missouri

(b) Address _____

19. (a) 6-14-49 (Date received from registrar)

(b) M.S. Handley M.D. (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. 1107 Nichols Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13,
year 1947 hour 2: minute 50 P.M.

21. I hereby certify that I attended the deceased from Feb 13, 1947 to Feb 13, 1947
that I last saw her alive on Feb 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia bilateral

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)

(c) Means of injury _____

23. Signature B. G. de B. B. B. B. (M. D. or other)

Address 219 1/2 E. Walnut Date signed 2/14/47

111

1521
5069

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.....

Lee Mason....., Registered Apprentice No. *477*
working under my personal supervision.

Signed *E. A. Row*.....

Licensed Embalmer No. *3088*.....

P. O. Address *Springfield, Mo.*.....

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.**