S. No. 2
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P I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8604

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 169

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: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: life long residence

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.: 625 East Elm Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: STANLEY C. BOOTH

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lida Booth

6. (c) Age of husband or wife if alive: unknown years

7. Birth date of deceased: June (Month) 12, (Day) 1866 (Year)

8. AGE: Years 80 | Months 8 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Cincinnati, (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: Retired Accountant

11. Industry or business: Inland Printing Company

FATHER
12. Name: Waldo C. Booth
13. Birthplace: Fort Smith, (City, town, or county) New Hampshire (State or foreign country)

MOTHER
14. Maiden name: Martha D. Thomas
15. Birthplace: Buffalo, (City, town, or county) New York (State or foreign country)

16. (a) Informant: Mrs. Lida Booth
(b) Address: 625 East Elm Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/28/1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park Cemetery

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

19. (a) 2-26-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25, year 1947 hour 5: minute 25 P.M.

21. I hereby certify that I attended the deceased from Feby 17, 1947, to Feby 25, 1947 that I last saw him alive on Feby 25, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 8 Days

Due to .....

Due to .....

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

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): 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 .....

23. Signature: Robert F Williams (M. D. or other)
Address: Springfield Mo Date signed 2-26-47

(Licensed Embalmer's Statement on Reverse Side)

111

Landers Building
City

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

MAY 9 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 Julian R Goodwin, Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E Windle

Licensed Embalmer No. 2831

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.