

S. No. 2
 1-12-45
 5-17-39
 X47070

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13193
 Registrar's No. 392

FILED MAY 5 1947
 Registration District No. 28

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:
Burger-Connelly Rest Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution eight months
 In this community Life long residence (Specify whether years, months or days)

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. Burger-Connelly Rest Home
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ELLA J. VESTAL
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 28 year 1947 hour 9:30 minute a M.
 21. I hereby certify that I attended the deceased from Jan 1947 to April 28 1947 that I last saw her alive on Dec 25 1946 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 Married
 6. (b) Name of husband or wife Charles W. Vestal
 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased: December 19, 1879
 (Month) (Day) (Year)

Immediate cause of death:
 Due to Cerebral hemorrhage
 Due to High Blood Pressure
 Due to _____
 Other conditions myocarditis chronic & previous apoplexy
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 Duration 1 hr
days
weeks
years
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>4</u>	<u>9</u>	hr. min.

9. Birthplace: Greene County, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name George W. Campbell
 13. Birthplace Greene County, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Serena Miller
 15. Birthplace Unknown Pennsylvania
 (City, town, or county) (State or foreign country)

16. (a) Informant F. W. Campbell (Brother)
 (b) Address 735 Cherry, Springfield, Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/1947
 (Month) (Day) (Year)
 (c) Place: burial or cremation Hazelwood Cemetery
 18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
 (b) Address Springfield, Missouri
 19. (a) 4-28-47 (Date received local registrar) (b) W. E. Hunsicker (Registrar's signature)

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) Means of injury _____
 23. Signature F. W. Campbell (H. D. or other) signed 4/28/47
 Address Med. Arts Bldg. Springfield, Mo

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.....

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

Signed..... *Jewell E. Kinde*.....

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.