S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1947

Registration District No. 124

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. LeCompte

State File No. 13219

Primary Registration District No. 5459

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield Mo Rt Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Center township 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 4 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield Mo Rt 2
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Center township 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Mollie E Hayes

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife J W Hayes

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April (Month) 8 (Day) 1876 (Year)

8. AGE: Years 70 | Months 11 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Greene County Tenn 1
(City, town, or county) (State or foreign country)

10. Usual occupation Home Keeper

11. Industry or business House work

MOTHER FATHER

12. Name Jackson Cooper

13. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant J W Hayes

(b) Address Springfield Mo Rt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Gene A. Brim

(b) Address Walnut Grove Mo

19. (a) 3-18-1947 (Date received local registrar) (b) Jewell Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th year 1947 hour 12 minute 45 a.m.

21. I hereby certify that I attended the deceased from March 15 1947, to March 18 1947; that I last saw her alive on March 18 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chron Myocarditis	2yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operation	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. M. LeCompte (M. D. or other) M.D.

Address Brookline Mo Date signed 3-18-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 47-4-46
Date Filed 4-26-47

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 Rex Miller, Registered Apprentice No. 459, working under my personal supervision.

Signed. Bernard F. Wright
Licensed Embalmer No. 4293
P. O. Address Oak Grove, 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.