

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23914
Registrar's No. 598A

FILED JUL 26 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:
Springfield Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 hrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
 (c) City or town Springfield 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. Springfield Baptist Hospital 6
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME INFANT HEEL
 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 None 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 4, 1947
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4, year 1947 hour 6 minute 9 M.
 21. I hereby certify that I attended the deceased from July 3rd, 1947, to July 4th, 1947, that I last saw her alive on July 3rd, 1947, and that death occurred on the date and hour stated above.
 Immediate cause of death Premature birth Duration 7 hrs.

8. AGE: Years Months Days If less than one day
0 0 0 4 hr. min.

Due to Premature placental detachment
 Due to _____

9. Birthplace Springfield, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Infant

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Claud Heel
 13. Birthplace Manchester, Oklahoma
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Towe Heel
 15. Birthplace Wright County, Missouri
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: Of operations 157
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Claud Heel (Father)
 (b) Address Springfield, Missouri
 17. (a) Burial (b) Date thereof 7/6/1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Robberson Prairie

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? _____

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
 (b) Address Springfield, Missouri
 19. (a) 7-12-47 (b) M E Handley MD
 (Date received local registrar) (Registrar's signature)

23. Signature C E Feller (M. D. or _____)
 Address Springfield Mo Date signed 7/12/47

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Jewell E. Mudd

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.