

FILED SEP 15 1947  
Registration District No. 128

Primary Registration District No. 2000

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: Burge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 35 minutes  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MABELLE LINGSWEILER LEE

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 Married  
6. (b) Name of husband or wife Bert S. Lee 6. (c) Age of husband or wife if alive 76 yrs.  
7. Birth date of deceased December 27, 1874  
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home Making

MOTHER FATHER { 12. Name John G. Lingsweiler  
13. Birthplace Buffalo, New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma R. Ostrander  
15. Birthplace Unknown New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Bert S. Lee (Husband)  
(b) Address 1224 North Washington Avenue

17. (a) Burial (b) Date thereof Aug 21 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery  
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
Springfield, Missouri  
(b) Address

19. (a) 8-21-47 (b) W E Handley  
(Date received local registrar) (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. 1224 North Washington Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18,  
year 1947 hour 2: minute 20 P.M.

21. I hereby certify that I attended the deceased from July 28, 1947 to August 18, 1947;  
that I last saw her alive on August 18, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac insufficiency Duration 6 yrs.

Due to Coronary sclerosis

Due to Arteriosclerosis generalized

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A  
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) (e) Means of injury

23. Signature D. M. Klinger (M. D. or other) M.D.  
Address 1513 E. Commercial Date signed 8-20-47

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

**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..... *Jewell E. Whitley*.....  
Licensed Embalmer No. *1831*.....  
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.**