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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 20 1947
Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34185**
Registrar's No. **4 A**

Primary Registration District No. 2000

WRITE PLAINLY—USE UNFADING INK

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:
2307 College Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY MAGDELINE BARKER
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 Widowed

6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 13, 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 9
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home making

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Emma McQueen
(b) Address Springfield, Missouri

17. (a) removal (b) Date thereof Jan. 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora, Missouri

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

19. (a) 10-16-47 (b) W. E. Huddley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence **55**
(c) City or town Aurora,
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2,
year 1947 hour 3: minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept. 30, 1946 to Jan. 2, 1947.
That I last saw him alive on Jan. 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
acute pneumonia 1 mo;
acute myocarditis & pericarditis 3 mo
Due to Progressive myocarditis
with acute infarction 4 mo.
Due to myocardial inflammation
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 938
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)
(g) Means of injury _____

23. Signature Arthur O. Knapp (M. D. or other) MD
Address 1630 N. Jefferson St. Date signed 10-8-47

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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.....

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

Signed *Jessie E. Kuddle*.....
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.