

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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:
504 W. Brower
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **53 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Elizabeth A. Gee**

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 **John W. Gee**

6. (c) Age of husband or wife if alive **84** years

7. Birth date of deceased **July 11, 1874**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	5	12	hr. min.

9. Birthplace **Webster County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Andrew J. Bragner**

13. Birthplace **unknown Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Josephine Moore**

15. Birthplace **unknown Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **John W. Gee**

(b) Address **504 W. Brower, Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **Dec. 28, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park**

18. (a) Signature of funeral director **Fred C. Thieme**

(b) Address **Springfield, Missouri**

19. (a) **12-27-47** (b) **W. H. Hurdley M.D.**
(Date received local registrar) (Registrar's signature)

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. **504 W. Brower** **6**
(If rural, give location)

(e) Citizen of foreign country? **No** **0** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **23rd**
year **1947** hour **10:15 P.M.** minute M.

21. I hereby certify that I attended the deceased from **12-17-** 19**47**, to **12-23-** 19**47**
that I last saw **her** alive on **12/23/** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia** **6 days**
6 days

Due to

Due to

Other conditions **Serility**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **107**

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 **C. E. Feller** (M. D. or other)
Address **Springfield, Mo.** Date signed **12/24/47**

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.....

Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

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.