

No. 2  
12-15  
17-39  
X47070

FILED JAN 27 1948

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:  
625 Stanford  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Life \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

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. 625 Stanford  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bessie R. Doyle

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank H. Doyle 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Aug. 23 1878  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14  
year 1948 hour 11 minute 15 a.m.

21. I hereby certify that I attended the deceased from 11 April  
1947, to 14 Jan, 1948  
that I last saw her alive on 14 Jan, 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
69 8 21 hr. min.

Immediate cause of death \*Atherosclerosis general with Coronary and Nephro sclerosis. Duration \_\_\_\_\_

Due to (2) Diabetes mellitus mild

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

MOTHER, FATHER

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name J. R. Roberts

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

14. Maiden name Alice (Unknown)

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

16. (a) Informant Gertrude Doyle

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 1/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 1-16-48 (b) W. S. Hamblin md  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations None

Of autopsy None

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) (c) Means of injury \_\_\_\_\_

23. Signature Stanley J. Peterson (M. D. or other) md.  
Address Springfield Missouri Date signed 14 Jan 1947

JUL 2 1948

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 Walter E Hamilton  
Licensed Embalmer No. 3808  
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.