No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 1, 1948

Registration District No. 29

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Fitch

State File No. 4538

Registrar's No. 138

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: St. John Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 15 Days (Specify whether years, months or days)
In this community: 63 Years

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.: 2207 E. Grand 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Dora M. Michels

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: Married

6. (b) Name of husband or wife: L.M. Michels

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

7. Birth date of deceased: Sept. (Month) 6 (Day) 1863 (Year)

8. AGE: Years 84 | Months 5 | Days 6 | If less than one day: hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Henrt T. Vigel
13. Birthplace: Baltimore (City, town, or county) Maryland (State or foreign country)

MOTHER
14. Maiden name: Durthea Kleeburg
15. Birthplace: Muelhousen (City, town, or county) Germany (State or foreign country)

16. (a) Informant: L.D. Michels
(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park

18. (a) Signature of funeral director: H.H. Lonmeyer
(b) Address: Springfield, Mo.

19. (a) 2-16-48 (Date received local registrar) (b) W.E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 12 year: 1948 hour: 12 minute: Noon M.

21. I hereby certify that I attended the deceased from 1-27, 1948, to 2-12, 1948, that I last saw her alive on 2-12-48, 19..; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | 2 Wks. |
| Due to: Cardio-Renal-Vascular Hypertension | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: 13 | |
| Of autopsy: | |

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: O

23. Signature: [illegible] (M. D. or other) MD
Address: Springfield Mo Date signed: 2-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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 James B Gaughen, Registered Apprentice No. 466, working under my personal supervision.

Signed Paul L. Schneyer

Licensed Embalmer No. 2574

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.**