. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

~~2985~~ 4571
State File No.
Primary Registration District No. 2000
Registrar's No. 176

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: 2020 N. Ramsey
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene. 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2020 N. Ramsey 6
(If rural, give location)
(e) Citizen of foreign country? No.. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Laura Ann Van Hook
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 Widow 2
6. (b) Name of husband or wife James Van Hook
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 24, 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Greene County Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business At Home
FATHER
12. Name James M. Murrell
13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Owen,
15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J. W. Johnson
(b) Address Springfield Mo.
17. (a) Burial (b) Date thereof 2-24-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.
19. (a) 2/23/48 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 22,
year 1948 hour 7 minute 55 P. M.
21. I hereby certify that I attended the deceased from 2/23, 1948 to 2/22, 1948
that I last saw her alive on 2/22, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Low Density
Due to Arterio-Sclerosis
Due to Fracture R. Leg.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Leg (Fracture)
Of autopsy no

Duration
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) accident
(b) Date of occurrence Oct. 15, 1946 133
(c) Where did injury occur? Springfield Greene Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)
While at work? no (e) Means of injury Fall
23. Signature S. F. Freeman (M. D. or other)
Address 2/23 48 Date signed
Springfield Mo

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.