. S. No. 2
M—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 30 1948
Registration District No. 228

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 8426
Registrar's No. 55 A

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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: 2109 North Jefferson Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community: 7 years
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. 2109 North Jefferson Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: EUGENIA LARSON
3. (b) If veteran, name war: None
3. (c) Social Security No.: Unknown

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Carl Larson
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: Unknown ? ? (Month) (Day) (Year)

8. AGE: Years 47 | Months ? | Days ? | If less than one day ..... hr. ..... min.

9. Birthplace: Detroit, (City, town, or county) Michigan (State or foreign country)
10. Usual occupation: Registered Nurse
11. Industry or business: Nursing
FATHER
12. Name: Harry Janson
13. Birthplace: Unknown (City, town, or country) Canada (State or foreign country)
MOTHER
14. Maiden name: Ellen E. Fitzsimmons
15. Birthplace: Unknown (City, town, or county) Wisconsin (State or foreign country)
16. (a) Informant: (Brother) H Chester Janson
(b) Address: Dtroit, Michigan
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1/22/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Detroit, Michigan
18. (a) Signature of funeral director: Alma Lohmeyer Fun'l Homes
(b) Address: Springfield, Missouri
19. (a) 1-22-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 19, year 1948 hour 4: minute 00 A. M.
21. I hereby certify that I attended the deceased from Unattended by Physician, 19..... to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Probably Septicemia	
Due to: Alcoholism	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
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
23. Signature: W K Webb, Acting Coroner (M. D. [redacted])
Address: Court House, Springfield, Mo. Date signed 1/21/48
Judge Magistrate Court District # 1

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

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 Lee Mason, Registered Apprentice No. 477, working under my personal supervision.

Signed Jewell E. Windle

Licensed Embalmer No. 2831

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.