

S. No. 2
M-2-43
5-17-39
I X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8462
State File No.
Registrar's No. 191

Registration District No. 128

Primary Registration District No. 5465

1. PLACE OF DEATH:
(a) County GREEN
(b) City or town RURAL, N. Campbell Twp.
(c) Name of hospital or institution:
Rt. #6, Springfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community 1.5 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County GREEN
(c) City or town RURAL - Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. RFD 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME ELEANOR MINGUS
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2- day 28th
year 1948 hour 9 minute 20 P. M.
21. I hereby certify that I attended the deceased from 2/26/48
to 2-27-1948
that I last saw her alive on 2/27/48
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRANK
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased JUNE 17th 1874
(Month) (Day) (Year)

Immediate cause of death Acute Valvular Heart Lesion
Duration
Due to Peritonitis of Chest 2 days
+ shoulder
Due to all bladder
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 73 Months 8 Days 10
If less than one day hr. min.
9. Birthplace WEBSTER Co. MO
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE

Major findings: Of operations none
Of autopsy none
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name GEORGE DENNEY
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name ADALINE JOHNSTON
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
16. (a) Informant MRS LELIA MC CORMACK
(b) Address SPRINGFIELD MO RFD 6
17. (a) burial (b) Date thereof 3-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BRIXEV SEYMOUR MO

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none
(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

18. (a) Signature of funeral director
(b) Address
19. (a) 3-1-48 (b) W. J. Handley MD
(Date received local registrar) (Registrar's signature)

23. Signature of F. J. Truman (M. D. or other)
Address Springfield Mo Date signed 3-1-48

WRITE PLAINLY—USE 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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Hardland me

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.