No. 2
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5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 26 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 19148

Registrar's No. 508

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield — RURAL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 YEARS (Specify whether years, months or days)
In this community: UNKNOWN

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

3. (a) PRINT FULL NAME: ELIZABETH DONNELL
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: AUG. (Month) 21 (Day) 1865 (Year)

8. AGE: Years 82 Months 9 Days 22 If less than one day hr. min.

9. Birthplace: Illinois (City, town, or county) (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business: —

FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Hospital Record
(b) Address: Baptist Hospital

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: MAPLE PARK

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri

19. (a) 6-19-48 (Date received local registrar) (b) W E Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18-1 year 1948 hour 8:15 minute 5 P.M.

21. I hereby certify that I attended the deceased from March 7, 1946, to June 18, 1948, that I last saw her alive on June 17, 1948, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Gen Senility | |
| Due to: Age - Fracture Hip | |
| Due to: Completed Coma | |
| Other conditions: Gen Senility (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: None
Of autopsy: no

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: March 1946 34
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No
While at work? No (Specify type of place) (e) Means of injury: fell on floor

23. Signature: A F Bumpus (M. D. or other)
Address: Springfield Mo Date signed: 6/19/48

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 Julian R. Goodman, Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E. Wendle

Licensed Embalmer No. 2831

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.**