S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 6 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19183

Primary Registration District No. 2000

Registrar's No. 525

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: Burge O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: UNKNOWN (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 (If outside city or town limits, write "RURAL")
(d) Street No.: 1004 East National (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: MARY Leet McGiffin
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: MARRIED
6. (b) Name of husband or wife: NATHANIEL
6. (c) Age of husband or wife if alive: UNKNOWN years
7. Birth date of deceased: Dec. (Month) 13 (Day) 1864 (Year)

8. AGE: Years 81 Months 7 Days 14 If less than one day ... hr. ... min.

9. Birthplace: WASHINGTON (City, town, or county) PENN. (State or foreign country)
10. Usual occupation: [redacted] house wife
11. Industry or business:
FATHER 12. Name: ISAAC COOK Leet
13. Birthplace: WASHINGTON (City, town, or county) PENN (State or foreign country)
MOTHER 14. Maiden name: HADASSAH McKee
15. Birthplace: WASHINGTON (City, town, or county) PENN (State or foreign country)
16. (a) Informant: NATHANIEL McGIFFIN
(b) Address: 1004 E. NATIONAL
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: 6-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenfield, Mo
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Mo
19. (a) 7-2-48 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 27 year: 1948 hour: 12:9 minute: 00 P.M.
21. I hereby certify that I attended the deceased from 6-2-48, 19..., to 6-27-48, 19..., that I last saw him alive on June 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, bronchio	10 days.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): cerebral arteriosclerosis	yrs.

Major findings:
Of operations:
Of autopsy: 107

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: [illegible] (M. D. or other) M.D.
Address: Springfield, Mo Date signed: 7-2-48

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 Jordan, Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E. Wunde

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.