

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

Dr. Handley

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22815

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 587

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:  
611 N. Jefferson  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Years (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene: 39

(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL.")

(d) Street No. 611 N. Jefferson 6  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lillie Cross

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1948 hour 9 minute 30p. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Andrew Cross

6. (c) Age of husband or wife if alive 3 years (Day) (Year)

7. Birth date of deceased: March 3 1896  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Unattended by physicians 19\_\_\_\_ that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>4</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death: probably coronary thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Douglas County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Ezekiel Witte

13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Teal

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Andrew Cross

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 7/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Roads, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 7-20-48 (b) W.E. Handley  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 8 ✓

23. Signature W.E. Handley local registrar (M. D. or other)

Address Springfield Mo Date signed 7/17/48

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**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.....

*Walter E. Franklin*

Licensed Embalmer No.....

*3808*

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.**