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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32598

FILED NOV 15 1948

Registration District No. 8

Primary Registration District No. 2000

Registrar's No. 986

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: Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 days (Specify whether

In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 737 St Louis St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harriet S McGregor

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Arch D McGregor

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased June (Month) 26 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	4	13	hr. min.

9. Birthplace Boone (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Lyman H. Shuler
13. Birthplace New York (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Julia Foote
15. Birthplace New York (City, town, or county) (State or foreign country) 1

16. (a) Informant Dave McGregor

(b) Address 1640 East Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-48 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 11-13-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature) III

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 9 P
year 1948 hour 8 minute M.

21. I hereby certify that I attended the deceased from 1938, 19 to Nov 9, 1948
that I last saw her alive on 11-9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia

Due to Nephritis

Due to

Other conditions Cerebral Haemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations 10 yrs ago

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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 Nellie Smith (M. D. or other) MD

Address Springfield Mo Date signed 11-12-48

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Julian R Goodman

Licensed Embalmer No. 4562

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.