

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36062

Do not use this space.

1. PLACE OF DEATH
 (a) County..... GREENE Registration District No. 316
 (b) Township..... Primary Registration District No. 2001
 or
 (c) City..... SPRINGFIELD (d) Street No. Burge Hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marjorie Evelyn Mead York
 (a) Residence, No. Route # 3 St. Registered No. 748
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 23 2 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Wannings
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Branson 0
 (STATE OR COUNTRY) Missouri 1

FATHER 13. NAME Harry Mead
 14. BIRTHPLACE (CITY OR TOWN) Indiana 0
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lila Hillhouse
 16. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

17. INFORMANT Harry Mead
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Branson, Mo. DATE Oct. 9 1939

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer
 (ADDRESS) Springfield, Mo.

20. FILED Oct 9 1939 Chas. A. George, M.D.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1939, to Oct 7, 1939
 I last saw her alive on Oct 6, 1939. Death is said to have occurred on the date stated above, at 2 p. m.
 The principal cause of death and related causes of importance were as follows:

Tuberculosis Left Kidney + Paladder 1933

Other contributory causes of importance:
Pulmonary Tuberculosis

Name of operation none Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Tred R. Farthing, M. D.
 (Address) Springfield, Mo.

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.....

Randolph Neale....., Registered Apprentice No. *174*
working under my personal supervision.

Signed *L D Gorman*.....

Licensed Embalmer No. *3177*.....

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, above space should be left blank.

X