

No. 2  
11-10-39  
-17-39  
I 21162

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14902**  
Registrar's No. **363**

MAY 13 1940 318

Registration District No. \_\_\_\_\_

Primary Registration District No. **2001**

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

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: **Burgal Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 hrs. 1**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) **120**

3. (a) PRINT FULL NAME **LILLIAN BOWERS**

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Sept-6-1903**  
(Month) (Day) (Year)

8. AGE: **36** Years **7** Months **8** Days If less than one day hr. min.

9. Birthplace **Greenfield MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

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

12. Name **Will Bowers**

13. Birthplace **Greenfield MO**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mina Hershberger**  
15. Birthplace **Dallas Co MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. H. Fowler**

(b) Address **1015 W. Florida St**

17. (a) **Burial** (b) Date thereof **4-15-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **East Lawn**

18. (a) Signature of funeral director **Dunn**

(b) Address **Springfield MO**

19. (a) **4/15/40** (b) **W. E. Raudley MO**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1015 W Florida St**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14**  
year **1940** hour **12** minute **30 A M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her <sup>alive</sup> ~~dead~~ on **April 14**, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Shock**  
**Ruptured spleen**  
Due to **Ruptured Spleen**  
**Fracture of humerus**  
Due to **At this - spleen**  
**fracture of humerus**  
Other conditions **4.5-6th ribs on left**  
(Include pregnancy within 3 months of death)

Duration  
**3 hours**

Major findings: **Pedestrian, struck by auto**  
Of operations \_\_\_\_\_  
Of autopsy **above**

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) **Accident**  
(b) Date of occurrence **April 13 1940**  
(c) Where did injury occur? **Springfield Greene Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home (on farm, in industrial place, in public place)?  
**Struck by car while crossing street**  
While at work? **no** (Specify type of place) (e) Means of injury **Auto accident**  
23. Signature **W. E. Raudley** (M. D. or other) **MD**  
Address **Greene County** Date signed **4/14/40**

**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

*Hayd W. Feb*

Licensed Embalmer No. *2910*

P. O. Address *629 W. Walnut*

**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.**

*J.*