No. 2
11-10-39
5-17-39
I X21492
9

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18408

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 427

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: 2028 BENTON AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days) 343

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. 2028 BENTON AVE.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME GRACE C. CADWALLADER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 70 | Months unknown | Days | If less than one day hr. min.

9. Birthplace unknown (City, town, or county) 9 (State or foreign country)

10. Usual occupation care of home

11. Industry or business

FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name unknown 1
15. Birthplace unknown (City, town, or county) 1 (State or foreign country)

16. (a) Informant Dr Mary Jean Atherton

(b) Address Springfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-40 (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director J. W. Kirkpatrick & Co

(b) Address Springfield Mo

19. (a) 5-9-40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7 year 1940 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-4-40, 1940, to 5-7, 1940 that I last saw her alive on May 7, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Hypertension	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 9 84 (Specify type of place)

While at work? (e) Means of injury

23. Signature Mary Jean Atherton (M. D. or other) 1

Address 333 E. McDaniel Date signed 5-8-40

(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 Ogle Stone Jr., Registered Apprentice No. 232 working under my personal supervision.

Signed Warren D. Noblett

Licensed Embalmer No. 4005

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.