

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18436

State File No.

JUN 13 1940  
Registration District No. 378

Primary Registration District No. 2001

Registrar's No.

459

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: 1700 E. Lombard 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)  
In this community 30 years

8. (a) PRINT FULL NAME SERENA K. BEAN 50A

8. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Kittredge C. Bean 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased March 14 1875  
(Month) (Day) (Year)

8. AGE: Years 1 65 Months 2 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Elias Pratt

13. Birthplace Unknown New York  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant K. C. Bean  
(b) Address 1700 E. Lombard Springfield Mo

17. (a) Burial (b) Date thereof May 23 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield  
18. (a) Signature of funeral director Greene 9-11  
(b) Address Springfield Mo IX  
19. (a) May 23, 1940 (b) W. E. Handley M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1700 E. Lombard  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 24  
year 1940 hour 8.5 minute A M.

21. I hereby certify that I attended the deceased from 5/21/1940 to 5/21/1940  
that I last saw her alive on 5/21/1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion 5/21/40

Due to Atherosclerosis 11/1/39

Due to Senility 9/4/40

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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

23. Signature Durward C. Hall (M. D. or other) 1  
Address 500 Holland Bldg Date signed 5/24/40

**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..... *R. H. Thorne*

Licensed Embalmer No. *3687*

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.**