

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 318

Primary Registration District No. 2401

Registrar's No. 465

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: 1000 E. Belmont 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limit, write "RURAL")
(d) Street No. 1000 E. Belmont.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1940 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from Feb 2
1940, to May 23 1940
that I last saw her alive on May 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Heart Disease
Duration Days
know

Due to _____
Due to _____

Other conditions Agas ADW
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations _____
Of autopsy None
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) no
(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? no

23. Signature Robert Williams (Specify type of place) _____
While at work? _____ (or place of injury)
Address Springfield Mo Date signed 5/24/40

8. (a) PRINT FULL NAME Mrs. Marion E. Saunders 536

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

7. Birth date of deceased August 29 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ 85 8 24 hr. min.

9. Birthplace Laclede County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Monroe Appling

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

14. Maiden name Lucy Hayden

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

16. (a) Informant Mrs. Clyda L. Chester

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof May 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) May 24, 1940 (b) W. E. Naudley MD
(Date received by registrar) (Registrar's signature)

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

UN-1-340

21000000

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed L. Doan Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, Md

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