

Registration District No. **318**

Primary Registration District No. **2001**

I. 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:  
**799 East Elm**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **60 years**  
(Specify whether 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 limits, write "RURAL")  
(d) Street No. **799 E. Elm**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME **Clara Maines Rountree**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Charles M Rountree** 6. (c) Age of husband or wife if alive **XXX** years

7. Birth date of deceased **Jan 4 1880**  
(Month) (Day) (Year)

8. AGE: Years **1 60** Months **7** Days **2** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Georgetown Texas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**  
**XXXXX**

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

12. Name **Frank A. Maines**

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

14. Maiden name **Nellie Snider**

15. Birthplace **Paola Kans**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank L Maines**

(b) Address **Cleveland Ohio**

17. (a) **Burial** (b) Date thereof **Aug 8 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park**

18. (a) Signature of funeral director **H. H. Lohmeyer**  
(b) Address **Springfield, Mo.**

19. (a) **Aug 8 1940** (b) **W. E. Handley M.D.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **6**  
year **1940** hour **7** minute **60** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him ~~or her~~ alive on **Aug 6**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Death by suffocation**  
**Cooking Gas (natural)**  
**turned on not lighted**

Due to \_\_\_\_\_  
Due to **164**  
Other conditions **fracture of wrist**  
(include pregnancy within 3 months of death) **only secondary condition**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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) **suicide**

(b) Date of occurrence **Aug 6, 1940**

(c) Where did injury occur? **Springfield Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**9014**

White at work? **no** (Specify type of place) **cooking gas**  
(e) Means of injury **turned on**

23. Signature **A. Med White** (M. D. or other) **5**

Address **Courts Greene County** Date signed **8/8/40**

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

9  
2  
2

**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

*L. Paulin 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*

he Coroner used the term suffocation instead of asphyxiation  
because no monoxide in natural gas not burning.