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

Dr. Horst

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32065

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 783

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: Springfield Bapst. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
0
(d) Street No. 230 W. State
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Mrs. Hermie Smith Rathbone
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernest Rathbone
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased June (Month) 30 (Day) 1875 (Year)
8. AGE: Years 65 | Months 2 | Days 25 | If less than one day ____ hr. ____ min.
9. Birthplace Buda (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Joseph Smith
13. Birthplace Perry County (City, town, or county) Pennsylvania (State or foreign country)
14. Maiden name Adeline Black
15. Birthplace Perry County (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant Ernest Rathbone
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 27 1940 (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) 9-27-40 (Date received local registrar) (b) W.E. Hundley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1940 hour 7 minute 15 p.M.
21. I hereby certify that I attended the deceased from July 13, 1940, to Sept. 25, 1940 that I last saw her alive on Sept 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Malignant tumor of the pancreas, primary. — Duration: several months
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Malignant tumor of the pancreas, large stone in gall bladder
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)
(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 O.C. Horst M.D. (M.D. or other)
Address 430 South St. Springfield Mo. Date signed Sept 26 1940

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul L. Lohmeyer

Licensed Embalmer No. 2457

P. O. Address Lopez Mos

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

If this body is not embalmed, fact should be so stated above.