

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC AUG 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25154**
Registrar's No. **626**

Registration District No. **318**

Primary Registration District No. **2001**

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:
1730 E. Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **19 Days** / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **137**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1730 E. Grand**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Doris Jean Beth**

3. (b) If veteran, name was **no** 3. (c) Social Security No. **no**

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

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **July 12 1941**
(Month) (Day) (Year)

8. AGE: Years **10** Months **0** Days **19** If less than one day hr. min.

9. Birthplace **Springfield Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Inf**

11. Industry or business

12. Name **Eugene Beth**

13. Birthplace **Ash Grove Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Aslee Davis**

15. Birthplace **Steele Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eugene Beth**
(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **July 31 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood**
(a) Signature of funeral director **H. H. Lohmeyer**
(b) Address **Springfield, Mo.**

19. (a) **7-31-41** (b) **W. E. Handley, M.D.**
(Date received local registrar) (Registrar's signature)
W. E. Handley (Licensed Embalmer / Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31**
year **1941** hour **12-05** minute **0** M.

21. I hereby certify that I attended the deceased from **July 29**
1941, to **July 31**, 19**41**.
that I last saw her alive on **July 29**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Andresia and Malnutrition of New Born,**
Due to **Tuberculosis of Both Parents and Mother.**
Due to **Father has incurable etc.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **150**
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?

While at work (Specify type of place) (a) Means of injury.....

23. Signature **W. E. Handley** (M. D. or other) **W. E. Handley**
Address **4101 Meadcraft Bldg** Date signed **7/31/41**

(Licensed Embalmer / 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.

This body not embalmed Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.