

FILLED NOV 11 1941

Registration District No. 318

Primary Registration District No. 2001

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: 626 Hovey
(If not in hospital or institution, write street number or location) None
(d) Length of stay: In hospital or institution 37 years (Specify whether years, months or days)
In this community 37 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")
(d) Street No. 626 Hovey (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Grace M. Beauchamp
(b) If veteran, name war None (c) Social Security No. Unknown

20. DATE OF DEATH: Month October day 29th year 1941 hour 12:35 minute 0 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife William E. Beauchamp (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased July 29, 1895 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-20-1939 to 10-29-1941 that I last saw her alive on 10-13-1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus
Duration primary

8. AGE: Years 46 Months 3 Days 0 If less than one day hr. min.

Due to
Due to

9. Birthplace Kingston, Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Clerk Travelers Aid Society

Other conditions none (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business
12. Name John F. Manis
13. Birthplace Unknown Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Providence T. Gage
15. Birthplace Unknown Tenn. (City, town, or county) (State or foreign country)

Major findings: Biopsy
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. William E. Beauchamp
(b) Address Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/41 (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek Cemetery

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?

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 10-30-41 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

23. Signature Joseph L. ... (M. D. or other)
Address Springfield, Mo Date signed 11-3-41

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

9
2
6

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.....

David H. Kishle

Licensed Embalmer No. 3444

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, fact should be so stated above.