No. 2
-1-4-41
-17-39
X2639

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 15 1941 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38341

State File No.

Registration District No.

Primary Registration District No. 2001

Registrar's No. 879

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community Four years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1405 N. Main 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elsie Spickard

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W F Spickard

6. (c) Age of husband or wife if alive aprox 65 years

7. Birth date of deceased June (Month) 11 (Day) 1878 (Year)

8. AGE: Years 63 Months 4 Days 21 If less than one day hr. min.

9. Birthplace No Record (City, town, or county) Unknown (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name No Record
13. Birthplace No Record (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Melvin W Spickard
(b) Address 1503 W Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 4 (Day) 1941 (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Fred C Thieme
(b) Address 1100 Boonville Ave

19. (a) 11-4-41 (Date received local registrar) (b) W. E. Handley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd year 1941 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct. 29, 1941, 19 to Nov 2 1941, 19 ; that I last saw her alive on Nov. 2 1941, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death (1) Shock (2) Fracture, comminuted R Pelvis, with central dislocation of hip. (3) Fractures, comminuted R fibula & tibia. (4) Embolism cerebral.

Due to Struck by an automobile

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

170C-8
21

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 22

(b) Date of occurrence Oct. 29, 1941 100

(c) Where did injury occur? Springfield, Mo. (City or town) Greene (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public street. Springfield Mo (Specify type of place)

While at work? no (e) Means of injury Struck by auto

23. Signature James D Horton (M.D. or other)

Address Springfield, Mo. Date signed 11/4/41

(Licensed Embalmer's Statement on Reverse Side)

384

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, Ill

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.

X