

S. No. 2  
M-1-4-41  
5-17-39  
P-1 X26390

2211

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 13 1942

Registration District No. ....

Primary Registration District No. 2001

Registrar's No. 21

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:  
**1125 S. National**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. **Unknown**  
(Specify whether)  
 In this community. **25 years**  
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. **1125 S. National**  
(If rural, give location)  
 (e) Citizen of foreign country? **No**  
(Yes or No)  
 If yes, name country .....

3. (a) PRINT FULL NAME **Emma M. Cahill**  
 3. (b) If veteran, name war. **None**  
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **January** day **8th**  
 year **1942** hour **2** minute **A.M.**

4. Sex **Female** / 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced, **Widowed**  
 6. (b) Name of husband or wife. **Mortimer Cahill**  
 6. (c) Age of husband or wife if alive. **Unknown** years  
 7. Birth date of deceased. **October 24, 1848**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept. 1, 1941** to **Jan. 8, 1942**  
 that I last saw him alive on **Jan. 3, 1942**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death. **uremia from chronic interstitial nephritis**  
 Due to .....

8. AGE:	Years	Months	Days	If less than one day
	<b>1 93</b>	<b>2</b>	<b>14</b>	hr. min.

Due to .....

Other conditions **Arterio-sclerosis**  
(Include pregnancy within 3 months of death)

9. Birthplace **Burlington, Vermont**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **In Home**

Major findings:  
 Of operations .....

Of autopsy **131a**

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

11. Industry or business .....

MOTHER FATHER  
 12. Name **James Bostwick**  
 13. Birthplace **Unknown Vermont**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **M. Crossman**  
 15. Birthplace **Unknown Vermont**  
(City, town, or county) (State or foreign country)

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? .....

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

16. (a) Informant **Mr. M. L. Cahill**  
 (b) Address **Springfield, Missouri**  
 17. (a) **Burial** (b) Date thereof **1/9/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Maple Park Cemetery**

23. Signature **Arthur G. Quabbe** (M. D. or other) **M.D.**  
 Address **450 W. 6th St.** Date signed **1-8-42**  
**Springfield, Mo.**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**  
 (b) Address **Springfield, Missouri**  
 19. (a) **1-9-42** (b) **W. W. Handley**  
(Date received local registrar) (Registrar's signature)

461201

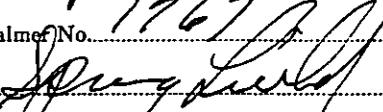
**STATEMENT BY LICENSED EMBALMER**

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..... 

Licensed Embalmer No. 1767

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.**

X