

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **GREENE**
(a) County
(b) City or town **Springfield**
(c) Name of hospital or institution: **Burge Hospital**
(d) Length of stay: **3 Days**
In this community **Lifetime**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(d) Street No. **1235 State**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Mary Ella Squibb**
(b) If veteran, name war **NO**
(c) Social Security No. **NO**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **30th.** year **1942** hour **6** minute **--** A.M.
21. I hereby certify that I attended the deceased from **10/5/42** to **10/30/42**
that I last saw her alive on **10/29/42**
and that death occurred on the date and hour stated above.

4. Sex **F M** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **John F. Squibb**
(c) Age of husband or wife if alive **59** years
7. Birth date of deceased **Feb. 12 1897**

Immediate cause of death
Carcinoma of the liver
Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy

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

8. AGE: Years **65** Months **8** Days **18**
9. Birthplace **Greene County Mo.**
10. Usual occupation **House wife**

11. Industry or business **None**
12. Name **Henry Hayes**
13. Birthplace **Germany**
14. Maiden name **Sophronia House**
15. Birthplace **Greene County Mo.**

16. (a) Informant **John F. Squibb**
(b) Address **1235 State, Springfield, Mo.**
17. (a) Burial (b) Date thereof **11/1, 1942**
(c) Place: burial or cremation **Ever Green at Republic**
18. (a) Signature of funeral director **Dunn Funeral Home**
(b) Address **629 W. Walnut, Springfield, Mo.**
19. (a) **10-31-42** (b) **W. H. Handley**

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?
While at work?
23. Signature **J. B. Lemmon** (M. D. or other)
Address **Springfield, Mo.** Date signed **10/30/42**

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.....

Embalmed

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

working under my personal supervision.

Signed.....

Frank Grable Jr.

Licensed Embalmer No.....

4140

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.