No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21379

State File No.

FILED JUN 23 1943

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 344

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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: Springfield Baptist Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence O 55

(c) City or town Mt Vernon (Rural) O
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X 1 years.

3. (a) PRINT FULL NAME Mary Susan Seneker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Max A. Seneker

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased Apr. 29 (Month) (Day) 1926 (Year)

8. AGE: Years 17 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Mt Vernon ~~Mo~~ Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Thomas G. Hargrove
13. Birthplace Mt Vernon Mo O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dora Moore
15. Birthplace Mt Vernon Mo O
(City, town, or county) (State or foreign country)

16. (a) Informant Max A Seneker
(b) Address Mt Vernon Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 30-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Vernon Mo

18. (a) Signature of funeral director Geo. B Orr
(b) Address Mt Vernon Mo

19. (a) 5-14-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 30"
year 1943 hour 12:10 minute X M.

21. I hereby certify that I attended the deceased from March 26, 1943, to Apr 30, 1943
that I last saw her alive on Apr 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis

Due to acute Appendicitis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured appendix

Of autopsy 121:1

Duration: 5 days

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?
(Specify type of place)
While at work? (e) Means of injury MD

23. Signature Hallis Smith (M. D. or other)
Address Springfield Mo Date signed May 14 43

(Licensed Embalmer's 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.

Signed George B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.