

No. 2  
1-4-41  
1-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 65280  
Registrar's No. 974

FILED DEC 27 1943

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town SPRINGFIELD MO.  
(c) Name of hospital or institution:  
527 S. NEWTON 1 AVE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
76 yr. 4 mo. 25 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County GREENE 39  
(c) City or town SPRINGFIELD 2.  
(d) Street No. 527 S. NEWTON AVE. 6  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME MARY E. SQUIBB  
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DEC. day 2  
year 1943 hour 10 minute 00 P. M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOW  
6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive DoD years  
7. Birth date of deceased. JULY 7 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 29 1943 to Dec 2 1943  
that I last saw her alive on Dec 2 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 4 Days 25 If less than one day hr. min.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

9. Birthplace GREENE Co MO. 1  
(City, town, or county) (State or foreign country)

Due to unk. 83a!  
Due to unk.  
Other conditions None  
(include pregnancy within 3 months of death)

10. Usual occupation House wife  
11. Industry or business in home

Major findings: None  
Of operations None  
Of autopsy None

MOTHER FATHER { 12. Name P. T. Prophet  
13. Birthplace Mc Minn Co Tenn 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Miss Elizabeth Blackwell  
15. Birthplace unk. Tenn. 1  
(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) NO  
(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?

16. (a) Informant Hazel Squibb  
(b) Address SPRINGFIELD MO.

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

17. (a) Burial (b) Date thereof Dec 4 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Clear Creek Cem

23. Signature Helen Williams (M.D. or other)  
Address Springfield 2000 Date signed 12-3-43

18. (a) Signature of funeral director H. Williams & Co  
(b) Address SPRINGFIELD MO.  
19. (a) 12-4-43 (b) H. Williams  
(Date received local registrar) (Registrar's signature)

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

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**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.....

*Ogle Stone Jr.*  
.....

Licensed Embalmer No.....

*4176*

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.**

*X*