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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15414

FILED MAY 11 1944

State File No. _____

Registration District No. 293

Primary Registration District No. 5916

Registrar's No. 37

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town rural cinque Homme

(c) Name of hospital or institution: Jep

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 66-2-15 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 29

(c) City or town Rural Cinque Homme

(If outside city or town limits, write "RURAL")

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

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

If yes, name country: 0

3. (a) PRINT FULL NAME Caroline Louisa Springer

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 28 1878

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 2 15 hr. min.

9. Birthplace Perry Co. Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER

12. Name Micheal Springer

13. Birthplace Perry Co. Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hoehn

15. Birthplace Perry Co. Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Charles F. Springer

(b) Address Perryville RD # 2 MO

17. (a) Burial (b) Date thereof 4-16-1944

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedenberg Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo

19. (a) 4-16-44 (b) Thos Elder

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1944 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 1 1943 to April 13 1944 that I last saw him alive on April 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to: Arthritis reformation

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (2) Means of injury _____

23. Signature A J Miller (M. D. or other) med

Address Perryville Mo Date signed 4/17/44

1326

RECEIVED

District Health Officer No. 4

District File Number 544-381

Date Filed 5-10-44

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 Wallace Young

Licensed Embalmer No. 7027

P. O. Address Perryville, 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.