V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1945

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Maddox

State File No. 13437

Primary Registration District No. 2006

Registrar's No. 357

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: Sold. Baptist Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 62 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Rural Springfield - S. Campbell Twp.
(If outside city or town limits, write "RURAL")

(d) Street No.: Route # 7
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Cora A. Pfaff

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: John P. Pfaff

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

7. Birth date of deceased: April (Month) 7 (Day) 1872 (Year)

8. AGE: Years 73 Months 0 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace: Lawrence County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: HouseWife

11. Industry or business:

FATHER
12. Name: Joe Harris
13. Birthplace: Unk. (City, town, or county) Unk. (State or foreign country)

MOTHER
14. Maiden name: Nancy Unk.
15. Birthplace: Unk. (City, town, or county) Unk. (State or foreign country)

16. (a) Informant: Mrs. Ray Neill
(b) Address: Route # 7 Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/29/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Brookline, Mo.

18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) 4-30-45 (Date received local registrar) (b) Dr. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1945 hour 6 minute 55p. M.

21. I hereby certify that I attended the deceased from April 24, 1945 to April 27, 1945 that I last saw him alive on April 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary artery heart disease	24hs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: None

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: —

23. Signature: H. H. Maddox (M. D. or other)
Address: 413 Holland Bldg Springfield, Mo. Date signed: 4/30/45

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 1949

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 Paul Z. Lohmey

Licensed Embalmer No. 2457

P. O. Address [illegible]

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.