

FILED JUN 11 1945
Registration District No. 2000

Primary Registration District No. 2000

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: St. John's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks
(Specify whether in this community years, months or days) 6 Weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

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

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

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mabel Jewell Schooley

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1945 hour 3 minute 30a. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife David B. Schooley

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

7. Birth date of deceased July 24, 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-18 1945 to 5-26 1945
that I last saw her alive on May 25 and that death occurred on the date and hour stated above.

8. AGE: Years 38 Months 10 Days 2 If less than one day hr. _____ min. _____

Immediate cause of death A-leukemic leukemia Duration 2 mo.

9. Birthplace Bolivar Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to _____

Due to _____

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

Major findings: 44b

11. Industry or business _____

MOTHER FATHER { 12. Name Sam M. Winn

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Pickup

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Of autopsy Enlarged Spleen, multiple Remnants of brain.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant David B. Schooley

(b) Address Bolivar, Mo.

17. (a) Burial (b) Date thereof 5-27-45
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Bolivar, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 5-26-45 (b) D. W. Handley
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature D. P. Maddox (M. D. or other) _____

Address Springfield, Mo. Date signed 5-26-45

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

19
12
6

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

Walter F. L. Lundy

Licensed Embalmer No. *24511*

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