

30551

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

5-17-39

FILED OCT 8 1945
128

Registration District No. 2000

Primary Registration District No. 2000

Registrar's No. 758

1. PLACE OF DEATH:

(a) County Lamar

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 761 College St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 weeks
(Specify whether)

In this community Native
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lamar ⁵⁵

(c) City or town Miller RR. #1 Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 1

If yes, name country.....

3. (a) PRINT FULL NAME Golda Mae Harris

3. (b) If veteran, name war none

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24
year 1945 hour 4 minute 30 P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Francis

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: 12 - 18 - 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-1
1945 to 9-24 1945
that I last saw her alive on 9-24 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>44</u>	<u>9</u>	<u>6</u>		hr. min.

Immediate cause of death Myocardial infarction

Due to Arteriosclerosis Yes

Due to Hepatitis Yes

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace West Plains Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: of operations

Of autopsy —

PHYSICIAN —

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Simon Peter Lovelace

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

14. Maiden name Ellen Robinson

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

16. (a) Informant John Francis

(b) Address Miller, Mo.

17. (a) Burial (b) Date thereof 9-28-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Morris Remick

(b) Address Miller Mo.

19. (a) 9-28-45 (b) 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 E. D. ...
Address Medical Bldg. Springfield, Mo. 9-28-45

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

19
2
6

984

(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 L. P. Simon
Licensed Embalmer No. 3297
P. O. Address Miller 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