

S. No. 2
 DM-2-43
 5-17-39
 X35697

37169

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
FILED DEC 12 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. 128 Primary Registration District No. 2000 State File No. _____ Registrar's No. 949

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: 1162 Mt. Vernon /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 33 yrs. (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1162 Mt. Vernon
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Effie Boring
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George Boring 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased June 4, 1886
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>59</u>	<u>5</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
 MOTHER FATHER { 12. Name Unk.
 13. Birthplace Unk. (City, town, or county) (State or foreign country)
 14. Maiden name Unk.
 15. Birthplace Unk. (City, town, or county) (State or foreign country)

16. (a) Informant George Boring
 (b) Address 1162 Mt. Vernon, Spfd., Mo.

17. (a) Burial (b) Date thereof Nov. 23, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Fred C. Thieme
 (b) Address Spfd., Mo.

19. (a) 11-20-45 (b) or W. J. Handley
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 19
 year 1945 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from One call only 19. to on Nov. 19 1945;
 that I last saw her alive on Nov. 19 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to Sudden exertion

Due to Arteriosclerosis

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

Major findings: Of operations --- Of autopsy --- 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? _____

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

23. Signature Garrett Logg (M. D. or other) M. D.
 Address 510 Woodruff Bldg., Spfd., Mo. Date signed 11-20-45

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

954 (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.....

Licensed Embalmer No.....

P. O. Address.....

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.