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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33247

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 843

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: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. R.F.D. 10, Springfield
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lena Barbra Beutler

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 Fred Beutler

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August (Month) 28, (Day) 1891 (Year)

8. AGE: Years 55 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

FATHER
12. Name Gustave K. Hoffman
13. Birthplace Switcherland. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ursula Davaty
15. Birthplace Switcherland (City, town, or county) (State or foreign country)

16. (a) Informant Fred Beutler
(b) Address R.F.D. 2, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Billings, Mo.

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

19. (a) 10-22-46 (Date received local registrar) (b) W S Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th year 1946 hour 3:23 A.M. minute M.

21. I hereby certify that I attended the deceased from 10-15, 19 46, to 10-20, 19 46 that I last saw her alive on 10-20, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia — Duration 5 days

Due to

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. E. Feller (M. D. or other)

Address Springfield Mo Date signed 10/22/46

(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 Fred C. Thieme

Licensed Embalmer No. 2899

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.