

S. No. 2  
-12-45  
5-17-39  
P I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8617  
Registrar's No. 205

Registration District No. 28

Primary Registration District No. 2000

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

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Unknown (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. 420 Cozy  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LINDA MAE DELO  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 7<sup>th</sup> year 1947 hour 9 minute A.M.  
21. I hereby certify that I attended the deceased from 11-18-46, 19\_\_\_\_, to 3-7-47, 19\_\_\_\_; that I last saw him alive on 3-7-47, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 14, 1945  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Aggranulocytosis  
Bronchial pneumonia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration  
3 1/2 mo.  
2 days

8. AGE: Years Months Days If less than one day  
1 9 23 hr. min.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Same 107

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER  
12. Name Jack Delo  
13. Birthplace Springfield, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Thirza Martin  
15. Birthplace Springfield, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Delo  
(b) Address 420 Cozy Street, Springfield, Mo

17. (a) Burial (b) Date thereof 3/9/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(b) Address Springfield, Missouri

19. (a) 3-7-47 (b) [Signature]  
(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 [Signature] (M. D. or other) \_\_\_\_\_  
Address 420 Cozy St. Springfield signed 3-7-47

(Licensed Embalmer's Statement on Reverse Side)

1947

AVH

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.....

Lee Mason....., Registered Apprentice No. 477  
working under my personal supervision.

Signed Jewell E. Winkle.....

Licensed Embalmer No. 2381.....

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.