

S. No. 2
1-12-45
7. 5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 248

FILED MAR 28 1947
Registration District No. _____

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
(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 1 day (Specify whether 0)

In this community eighteen years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 817 South Pickwick Avenue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME PAULA LOU "SUNNY" SAVAGE

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 5, 1928
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>18</u>	<u>6</u>	<u>10</u>	hr. min.

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

10. Usual occupation Student

11. Industry or business Springfield Senior High School

12. Name Ewing "Buck" Savage

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

14. Maiden name Freda Wingo

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

16. (a) Informant Freda Anderson

(b) Address 817 South Pickwick Avenue

17. (a) Burial (b) Date thereof 3/16/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

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

19. (a) 3-18-47 (b) W. G. Handley M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16,
year 1947 hour 11: minute 40 A.M.

21. I hereby certify that I attended the deceased from Mar 14, 1947, to Mar 15, 1947, that I last saw her alive on Mar 15, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Basal Skull fracture with intracranial injury 37 hours

Due to _____

Due to _____

Other conditions Multiple Contusions Lacerations 37 hr
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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) accident / 33

(b) Date of occurrence Mar 13, 1947 about 9:30 PM

(c) Where did injury occur? Rolla (City or town) MO (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? R.R. crossing

While at work? _____ (Specify type of place)

(e) Means of injury auto-train collision

23. Signature Daniel Yancy (M. D. or other) _____
Address Springfield MO Date signed 17 Mar 47

MAY 28 1947

MAY 30 1947

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.....

Harry S. Cape

Registered Apprentice No. 479

working under my personal supervision.

Signed *Jewell E. Wendle*

Licensed Embalmer No. 2831

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.