

S. No. 2
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5-17-39
I X47070

FILED APR 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Hogenboom
13227
State File No. _____
Registrar's No. 322

Registration District No. 28 Primary Registration District No. 5466

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural, Campbell Township
(c) Name of hospital or institution:
Route # 9 Box 536
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 28 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Rural - Springfield 0
(d) Street No. Route #9 Box 536 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Smithy Isabelle Pering
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 4
year 1947 hour 3 minute 22 p. M.
21. I hereby certify that I attended the deceased from
March 19 1946 to April 4 1947
that I last saw her alive on Jan 14 1947
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 Married
6. (b) Name of husband or wife C.O. Pering 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Oct. 13 1902
(Month) (Day) (Year)

Immediate cause of death _____ Duration
Carcinoma of uterus 2 yrs.
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) H&B

8. AGE: Years Months Days If less than one day
44 5 21 hr. min.

Major findings: Carcinoma uterus
Of operations: + Ovarian cyst (Carcinoma)
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife
11. Industry or business _____
12. Name Thomas Sayers
13. Birthplace Rogersville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant C.O. Pering
(b) Address Route # 9 Springfield, Mo.
17. (a) Burial (b) Date thereof 4/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

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? _____

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 4-7-47 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____
(a) Means of injury _____
23. Signature W. E. Handley MD (M. D. or other) _____
Address Springfield Mo Date signed 4/5/47

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

Walter E. Hamilton

Licensed Embalmer No.

3808

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.