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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1947

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 27325

Registrar's No. 745

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 24 hrs (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell 46
(c) City or town Willow Springs 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME VeLMA BeAtrice CArter
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband ~~or wife~~ Lemuel R. Carter
6. (c) Age of husband ~~or wife if alive~~ 29 years
7. Birth date of deceased May (Month) 27 (Day) 1920 (Year)

8. AGE: Years 27 | Months 2 | Days 26 | If less than one day ___ hr. ___ min.

9. Birthplace Mountain Grove (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Joe Brophy
13. Birthplace Iowa (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Callie Tucker
15. Birthplace Mountain Grove Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Lemuel R. Carter
(b) Address Willow Springs Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 25 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Seymour Cemetery
18. (a) Signature of funeral director Kelley, Ferrell, Bergman
(b) Address Seymour Mo.
19. (a) 8-27-47 (Date received local registrar) (b) M E Hundley (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 23 year 1947 hour 2 minute 48 A.M.
21. I hereby certify that I attended the deceased from July 7, 1947, to Aug 23, 1947; that I last saw her alive on Aug 23, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Eclampsia, post partum, severe	14 hrs
Due to Pyelo nephritis, chronic and pregnancy	? 2 yrs 9 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

148

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 John P. Ferguson (M. D. or other) M.D.
Address Medical Arts Bldg. Springfield Mo. Date signed 8/27/47

(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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.