

V. S. No. 2
00M-2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30908**

FILED OCT 6 1947
128

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **806**

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

39
2
6

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: St. Johns Hospital **O**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

In this community 12 years
(Specify whether 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. 512 West Brower Street **6**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ESSIE M. DAY

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11, year 1947 hour 11: minute 05 A.M.

21. I hereby certify that I attended the deceased from Sept 11, 1947, to Sept 11, 1947, that I last saw him alive on Sept 11, 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 Raymond Day

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

7. Birth date of deceased March 27, 1903
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia, post-operative **3 days**

Due to Leiomyosarcoma uterus **? 6 mos**

8. AGE: Years Months Days If less than one day

44 5 13 hr. min.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Long Lane, Missouri **O**
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home Making

MOTHER FATHER { 12. Name C. R. Burtin

13. Birthplace Windyville, Missouri **O**
(City, town, or county) (State or foreign country)

14. Maiden name Scott

15. Birthplace Windyville, Missouri **A**
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Raymond Day (Husband)

(b) Address 512 West Brower Street

17. (a) Burial (b) Date thereof Sept 14, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Ridge Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 9-16-47 (b) W. Z. Handley M.D.
(Date received local registrar) (Registrar's signature)

Major findings: Sarcoma uterus

Of operations H&O

Of autopsy _____

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 W. D. Drinean (M. D. or other) **M.D.**

Address Third Arts Bldg, Springfield, Mo. Date signed 9/15/47

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.....

Lee Mason
.....
working under my personal supervision.

Registered Apprentice No. *477*

Signed *Jewell E. Mundy*
.....

Licensed Embalmer No. *28315*

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.