

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 78

National Office of Vital Statistics
FILED FEB 6 1948

Registration District No. 128 Primary Registration District No. 2000

39
20
WRITE PLAINLY—USING 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: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours, 20 minutes
(Specify whether years, months or days)

In this community 4 months

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. 1022 East Division Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JANICE VAN LOON

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 (Day) (Year)

7. Birth date of deceased September 21, 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>4</u>	<u>5</u>hr.min.

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

10. Usual occupation Infant

11. Industry or business None

12. Name John A. Van Loon

13. Birthplace Sapulpa, Oklahoma
(City, town, or county) (State or foreign country)

14. Maiden name Bernice Helen Norr

15. Birthplace Hinkly, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Van Loon (Father)

(b) Address 1022 East Division Street, City

17. (a) Burial (b) Date thereof 1/27/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Fun'l Home

(b) Address Springfield, Missouri

19. (a) 1-29-48 (b) W. H. Hagedorn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26,
year 1948 hour 12: minute 55 A. M.

21. I hereby certify that I attended the deceased from Jan 24
1948, to Jan 25 1948;
that I last saw her alive on Jan 25 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Metastatic carcinoma -
Waterhouse-Friderichsen
Syn. drone

Due to.....

Due to.....

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause of 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?..... Means of injury.....

23. Signature W. H. Hagedorn (M. D. or other).....
Address Woodruff Building Date signed 1/26/48

MAY 5 1949

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. Kinke

Licensed Embalmer No. 2831

P. O. Address Springfield, Missouri

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.