

FILED JUN 1 1948  
Registration District No. **128**

Primary Registration District No. ~~200~~ **2000**

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

1. PLACE OF DEATH: **GREENS**  
 (a) County \_\_\_\_\_  
 (b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Burge Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **11 hr.**  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **Laclede**  
 (c) City or town **Lebanon** **53**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **2**  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Baby Girl Carrington**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **April** day **20th**  
 year **1948** hour **11** minute **20 a. M.**

4. Sex **Female** 5. Color or race **WHITE**  
 6. (a) Single, widowed, married, divorced **Infant**  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **April 20 1948**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 20 1948** to **April 20 1948**  
 that I last saw her alive on **April 20 1948**  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**0 0 0 11 hr. min.**

Immediate cause of death **Prematurity**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace **Springfield Mo.**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Infant**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy **None**

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name **Howard W. Carrington**  
 13. Birthplace **Paxton Ill.**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Lucy Gena Hooker**  
 15. Birthplace **Lebanon Mo.**  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
**159**

16. (a) Informant **Howard W. Carrington**  
 (b) Address **Lebanon, Mo.**  
 17. (a) **Removal** (b) Date thereof **4-20-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Lebanon, Mo.**

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 **K. Palmer**  
 (b) Address **Lebanon, Mo.**  
 19. (a) **4-29-48** (b) **W. Handley MD**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury  
 23. Signature **Handley** (M. D. or other) **✓**  
 Address **609 Cherry St. Springfield** Date signed **Apr. 20, 48**

**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.....

Licensed Embalmer No. 1161

P. O. Address Selma, 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.**