

No. 300  
10-47  
5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25956  
Registrar's No. 722

FILED SEP 7 1948  
Registration District No. 128

Primary Registration District No. 2000

WRITE PLAINLY—USE 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: Burga Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
In this community 34 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. 438 S National 6  
(If rural, give location)

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

3. (a) PRINT FULL NAME SUSIE OLIVE GARTON

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1948 hour 5:00 P.M. minute  M.

21. I hereby certify that I attended the deceased from Jan. 30 1947 to Aug. 28 1948  
that I last saw her alive on Aug. 28 1948  
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 Charles I Garton 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased December 5 1894  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Abdominal Viscera Duration 19 mos.

8. AGE: Years 53 Months 8 Days 23  
If less than one day hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Housewife

Major findings: Carcinoma of Uterus PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name A. G. Land

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

14. Maiden name Islea McKee

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

16. (a) Informant Charles I Garton (husband)

(b) Address 438 South National

17. (a) Burial (b) Date thereof 8-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

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 Ellie B. W. 200 (M. D. or other) \_\_\_\_\_  
Address 700 Medical Arts Bldg. Date signed 8/30/48

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

(b) Address Springfield, Missouri

19. (a) 8-31-48 (b) W. S. Landry MD  
(Date received local registrar) (Registrar's signature)

VS  
JUN 20 1960

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**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 Lee Mason

Licensed Embalmer No. 4568

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.**