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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Hogeboon

State File No. 39864

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1104

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: St/ John Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether

In this community 54 Years years, months or days)

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. 1013 S. Pickwick (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rebekah Benton Wolfe

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chester A. Wolfe Sr.

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

7. Birth date of deceased Sept. (Month) 2 (Day) 1877 (Year)

8. AGE: Years 61 Months 3 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Coleman D. Benton
13. Birthplace ? (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Nancy Virginia Hampton
15. Birthplace ? (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Chester A. Wolfe

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/48 (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-22-48 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1948 hour 9 minute 30p. M.

21. I hereby certify that I attended the deceased from Dec 14th 1948, to Dec 19 1948 that I last saw her alive on Dec 19 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Suppuration Pyelonephritis	7 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy acute suppuration Pyelonephritis

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 Geo. Hogeboom (M. D. ~~or other~~)

Address Springfield MO Date signed 12/20/48

(Licensed Embalmer's Statement on Reverse Side)

FEB 17 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Walter E. Hamelin

Licensed Embalmer No. 3808

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.