

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20670
Registrar's No. 577

Registration District No. 128

Primary Registration District No. 5466

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield Rural S. Campbell
(c) Name of hospital or institution:
Rural Route # 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
Unknown

3. (a) PRINT FULL NAME EFFIE PAGE

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife E. T. Page
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased August 21, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 10 6 hr. min.

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

10. Usual occupation Clerk

11. Industry or business Grocery

12. Name Kelly Mathias Harvill

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

14. Maiden name Sarah Burkhart

15. Birthplace Christian County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter E. Doss (daughter)

(b) Address 738 E. Walnut, Springfield, Mo

17. (a) Burial (b) Date thereof 6/29/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ha zelwood cemetery

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

(b) Address Springfield, Missouri

19. (a) 6-29-47 (b) W E Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route Number 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27,
year 1947 hour 6: minute 00 P.M.

21. I hereby certify that I attended the deceased from November 15th, 1945, to June 28, 1947.
that I last saw him alive on June 28, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia
Carcinosis of Liver

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

Major findings:
Of operations _____
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)
Means of injury Road
23. Signature Ronald E. Ekins (M. D. or other) MD
Address 80 Jan 47 Date signed 6-30-47

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

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JUL 14 1947

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.....

Larry Cipe....., Registered Apprentice No. *479*,
working under my personal supervision.

Signed *Jewell E. Mudd*.....

Licensed Embalmer No. *2831*

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.