

REC'D JUN 8 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18248  
Do not use this space.

1. PLACE OF DEATH  
(a) County Greene Registration District No. 315  
(b) Township W. Springfield Primary Registration District No. 2001 Registered No. 383  
(c) City Springfield (d) Street No. 1421 W. Lee St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susan Ann Null 400  
(a) Residence, No. 1421 W. Lee St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Null  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 0 23  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

FATHER  
13. NAME Barney Burch  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER  
15. MAIDEN NAME Martha Jones  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta, Georgia

17. INFORMANT (ADDRESS) Mrs. O. S. High  
1421 W. Lee Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
Willow Spring May 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. J. ...  
Springfield, Mo.

20. FILED May 19, 1938 Chas. A. ...  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd 1938  
22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1938, to 5-3, 1938  
I last saw h. dr. alive on 5-3, 1938 Death is said to have occurred on the date stated above, at 9:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis (Chronic Degenerative) Date of onset  
Senility  
Myositis - Fibrositis Lumbar Muscles  
Other contributory causes of importance:  
Name of operation Date of  
What test confirmed diagnosis? Clinical Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19...  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury  
Nature of injury  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) R. Red White, M. D.  
(Address) Springfield

Cross or Darken in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Andrew Forbia, Licensed Embalmer No. 3649

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

.....L. E. ....

No. ....or by....., Registered Apprentice No. ....

working under my personal supervision.

Signed Andrew Forbia

Licensed Embalmer No. 3649

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**