Dr. A. Knabb

REC'D OCT 12 1939

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

32414
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE — Registration District No. 318

(b) Township — Primary Registration District No. 2001 — Registered No. 709

(c) or City SPRINGFIELD — (d) Street No. 1710 College 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 255 Hattie F. Bachman

(a) Residence, No. 1710 College St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Charley Bachman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 8, 1875

7. AGE: YEARS 64 — MONTHS 8 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: In Home
10. Date deceased last worked at this occupation (month and year): ✓
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Verona, Mo

FATHER
13. NAME: Chas. D. Barker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Eliza Ball
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Mrs. C. B. Franklin, 1710 College, City

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Maple Park — DATE: 9-20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Alma Lohmeyer, Springfield, Mo

20. FILED 9-20 1939 — Chas A George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to Sept. 18, 1939
I last saw her alive on Sept 18, 1939 Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 9-13-39

95 b

Other contributory causes of importance: Chr. Hypertensive Cardiovascular disease — 104 no

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? no
If so, specify ....
(Signed) Arthur D Knabb M. D.
(Address) 450 1/2 E. Cornell St

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X16605

450 ½ E. Conn
Kmab.

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 Chas. C. George, Registered Apprentice No. 204 working under my personal supervision.

Signed E. W. Forthey

Licensed Embalmer No. 1767

P. O. Address Spring Field M

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, above space should be left blank.

X