

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

DEC 15 1939

39592
 Do not use this space.
 810

1. PLACE OF DEATH

(a) County GREENE Registration District No. 378
 (b) Township _____ Primary Registration District No. 2001 Registered No. _____
 (c) City SPRINGFIELD (d) Street No. 1413 N. Johnston 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

(a) Residence, No. 300 Viola Manders White 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 Benjamin C. White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 8 21

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) Missouri

FATHER 13. NAME William Pritchard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Margaret Dean
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Benjamin C. White
1413 N. Johnston, City

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Nov. 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Oliver Schreyer
Springfield, Mo.

20. FILED Nov. 9, 1939 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-20-39, 1939, to 11-7-39, 1939

I last saw her alive on 11-7-39, 1939 Death is said to have occurred on the date stated above, at 11:35 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Left Breast metastasizing to Lungs

Date of onset

1935

Other contributory causes of importance: 50

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1939

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) E. S. Simpson M.D., M. D.

(Address) Citizen Bank Bldg. Springfield, Mo.

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.

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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

Wayne Finkbe

Licensed Embalmer No. *3444*

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, above space should be left blank.