

Registration District No. **3189**

Primary Registration District No. **2001**

Registrar's No. **36**

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 Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME ETTA M. PACHL

8. (b) If veteran, name year _____
3. (c) Social Security No. _____

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAX F. PACHL
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 5 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 6
If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business House work

12. Name W. M. Muse

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

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Pachl

(b) Address Springfield, Mo

17. (a) Burial (b) Date thereof Jan 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director J. W. Lingner
(b) Address Springfield, Mo 201

19. (a) 1/13/40 (b) Chas. Bevier M.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2211 N. Rogers
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11th
year 1940 hour 8 minute 55 A M.

21. I hereby certify that I attended the deceased from Dec 31
1939 to Jan 11, 1940

that I last saw her alive on 11/11/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis 12/31/39
4? Malaria Thrombosis

Due to Hypertension 1/10/40

Due to 54

Other conditions Diabetes Mellitus 192
(Include pregnancy within 3 months of death)

Major findings: no op.

Of operations _____

Of autopsy no 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?
_____ (Specify type of place)

While at work? _____ (Specify type of place) (e) Means of injury _____
Signature Ray D. Callaway (M. D. or other) _____
Address Springfield, Mo Date signed 1/15/40

Duration

12/31/39

1/10/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Charles D. Noble*

Licensed Embalmer No..... *4005*

P. O. Address..... *Springfield*

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