

FILED MAR 12 1940

Registration District No. 518

Primary Registration District No. 2001

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

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:
617 Cleveland 2
(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)

3. (a) PRINT FULL NAME Anna Ray (D.M.)

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

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

6. (b) Name of husband or wife James Ray 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 22 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 21 hr. _____ min.

9. Birthplace Near Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Drury Townlin /
13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Salader
15. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Hayes
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Feb. 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brick Church Cem.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 2/15/40 (b) Chas. A. George M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 617 Cleveland
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1940 hour 11 minute p. M.

21. I hereby certify that I attended the deceased from April 10, 1934, to Feb. 13, 1940
that I last saw her alive on Dec. 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
uterine, primary
Due to Chronic Inf.

Due to a 4
Other conditions Stenosis
(Include pregnancy within 3 months of death)

Major findings: none
Of operations. no
Of autopsy. no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature J. Freeman (M. D. or other) 21
Address Springfield Date signed 2/14/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

..... James Osburn, Registered Apprentice No. 227
working under my personal supervision.

Signed L. Doolin Gorman

Licensed Embalmer No. 3177

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.