

FILED APR 3 1940

Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. 286

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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:
615 Mitchell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 10
years, months or days)

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. 615 Mitchell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME EUPHIE RUTH WINTERS

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 Married

6. (b) Name of husband or wife George E. Winters 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased 29 August 6 1910
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
↓	<u>29</u>	<u>7</u>	<u>14</u>	hr. min.

9. Birthplace Mo. around Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER
12. Name James Crawford
13. Birthplace West Plains Mo. D
(City, town, or county) (State or foreign country)
14. Maiden name Prongra Bean
15. Birthplace West Plains Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant George E. Winters
(b) Address 615 Mitchell

17. (a) Burial (b) Date thereof Mar. 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Fred C. Thieme

(b) Address 1100 Boonville Ave

19. (a) 3/22/40 (b) Chas. R. George
(Date received local registrar) (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1940 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from March 20 1940 to March 20 1940;
that I last saw him alive on March 20 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Post-partum Hemorrhage
Due to delivered at 7:30 A.M. Death 10:30 A.M.

Due to Uterine Inertia

Other conditions Secondary Anemia of Pregnancy
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 144/10

Duration
3 hrs
Post-partum
Underline the cause to which death should be charged statistically.

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) _____
(e) Means of injury _____

23. Signature R. Red White (M. D. or other) M.D.
Address Springfield Mo Date signed 3/23/40

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 *P. K. Kline*
Licensed Embalmer No. 3681
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.