

Registration District No. 316

Primary Registration District No. 2001

455

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:
940 N. Main 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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1940 hour 8 minute 2 M.

21. I hereby certify that I attended the deceased from Mar 10
1939, 1939, to May 19, 1940
that I last saw her alive on 4/20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Heart Disease 3 yrs

Due to hypertension years
Due to Chronic Gastro Enteritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy no

Duration

PHYSICIAN

Underlines 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) no
(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? (e) Means of injury _____

23. Signature Dr. Freeman (M. D. or other) _____
Address Springfield Mo Date signed 5/20/40

3. (a) PRINT FULL NAME Anna Belle Watson 325

8. (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 Francis T Watson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8 187
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm. M. Jones

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

14. Maiden name Elizabeth Clark

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

16. (a) Informant Francis Watson

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof May 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H. H. Lohmeyer 044
Springfield, Mo. 101

(b) Address _____
19. (a) May 20, 1940 (b) N. E. Haudley MD
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No.

P. O. Address.....

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