

DEAD AUG 8 1940

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 609

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution 1523 North Jefferson
(d) Length of stay: In hospital or institution 2 (Specify whether _____)
In this community 20-21 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 1523 North Jefferson
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME MARY-ETHEL-FUSS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 491-03-8647

20. DATE OF DEATH, Month July day 22 year 1940 hour 08:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 7/22/1940 to 7/22/1940 that I last saw her alive on 7/22 and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased (Month) March (Day) 24 (Year) 1892

Immediate cause of death Cerebral Hemorrhage
Due to 2 hrs

8. AGE: Years 48 Months 3 Days 28 If less than one day _____ hr. _____ min.

Due to Hypertension

9. Birthplace (City, town, or county) Washington D.C. (State or foreign country) _____

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation Stenographer

11. Industry or business _____

12. Name (Unknown) Fuss 9

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

14. Maiden name Unknown 7

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

16. (a) Informant Ly. Farmer

(b) Address 1509 N. Benton

(c) Date thereof 7-24-40

(d) Place: burial or cremation Washington D.C.

18. (a) Signature of funeral director W. C. Haidley

(b) Address Springfield Mo

19. (a) 7-23-40 (Date received local registrar) (b) W. C. Haidley (Registrar's signature)

Major findings: Of operations _____ Of 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? _____

23. Signature P. E. Faller (M. D. or other) 1
Address Springfield Mo Date signed 7/23/40

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

Ogle Snow Jr

Registered Apprentice No. _____

working under my personal supervision.

Signed

William Max Rhode

Licensed Embalmer No.

4971

P.O. Address

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.