

Registration District No. **318** Primary Registration District No. **2001**

Registrar's No. **863**

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(c) Name of hospital or institution: **1024 Sherman Ave**  
(d) Length of stay: In hospital or institution **20** days (Specify whether In this community **5.2 yrs.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Greene**  
(c) City or town **Springfield**  
(d) Street No. **1024 Sherman Ave**  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **GEORGIE WARD**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **Negro**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Robert Ward** 6. (c) Age of husband or wife if alive **60** years  
7. Birth date of deceased **June 28 1888** (Month) (Day) (Year)

8. AGE: Years **52** Months **3** Days **23** If less than one day hr. min.

9. Birthplace **Cave Springs Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **domestic**

11. Industry or business

12. Name **Jule Rollins**  
13. Birthplace **Unknown Unknown**  
14. Maiden name **Ellen Sharp**  
15. Birthplace **Cave Springs Mo**

16. (a) Informant **Mr. Robert Ward**

(b) Address **1024 Sherman Ave**

17. (a) **Burial** (b) Date thereof **10-24-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Memorial**

18. (a) Signature of funeral director **H. E. Handley**  
(b) Address **702 W. Jefferson**  
19. (a) **10-24-40** (b) **W. E. Handley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **21**  
year **1940** hour **7:10** minute **P.M.**

21. I hereby certify that I attended the deceased from **19** to **19**  
that I last saw him **dead** and that death occurred on the date and hour stated above.

Immediate cause of death **Unknd skull**

Due to **Walked into the side of a passenger train**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **5/10**  
Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **accident**  
(b) Date of occurrence **10-21-40**  
(c) Where did injury occur? **Springfield Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**21 miles tracks in rear of home**  
While at work? **no** (Specify type of place) **walked into train**  
(e) Means of injury **train**  
23. Signature **H. E. Handley** (M. D. or other) **5**  
Address **Courier Greene County** Date signed **10/23/40**

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

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

5 1945  
MAY

**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.....

*Herbert V Smith*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Herbert V Smith*

Licensed Embalmer No. *13324*

P. O. Address *702 H. Jefferson*

**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