

Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

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:  
903 Hamilton 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 4 months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster  
(c) City or town Fordland  
(If outside city or town limits, write "RURAL")  
(d) Street No. none  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME THERESA WHITE

3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife William White  
6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased June 3 1851  
(Month) (Day) (Year)

8. AGE: Years 1 89 Months 7 Days 28  
If less than one day hr. min.

9. Birthplace Saline County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER  
12. Name Jacob Cummings  
13. Birthplace No Record Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Hattie Baldwin  
15. Birthplace No Record Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Hansen  
(b) Address 903 Hamilton Springfield, Mo.

17. (a) Burial (b) Date thereof Feb 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fordland, Mo.

18. (a) Signature of funeral director F. C. Plume  
(b) Address Springfield, Mo.

19. (a) 2-1-41 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31<sup>st</sup>  
year 1941 hour 5:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I examined the body  
on Febr. 1 - 1941 at 10 9 AM 19\_\_\_\_;  
that I last saw him alive on 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

Due to Fractured Hip & attendant cause

Due to resulting with no medical attention

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Fractured Hip  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? Fordland Webster Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Fall at home

Signature Dr. H. Boehm (M. D. or other)  
Address 227 E. Olive Date signed 2-1-41

No medical attendant

Underline the cause to which death should be charged statistically.

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..... *R. H. Thomas* .....

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, fact should be so stated above.**

*X*