S. No. 2
—4-13-40
5-17-39
I X23159

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

39
2
6

1941 MAR 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. H. Knabb

State File No. 6979

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 173

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: 736 N. Warren
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 29
(c) City or town Springfield 9
(If outside city or town limits, write "RURAL")
(d) Street No. 736 N. Warren 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nancy J. Walsh

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife M. John Walsh

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Oct. (Month) 7 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
81	4	19	hr. min.

9. Birthplace Webster County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name John W. Bryan
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Susan Jarrett
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John Walsh
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28 1941 (Month) (Day) (Year)
(c) Place: burial or cremation White Oak

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 2-28-41 (Date received local registrar) (b) Dr. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1941 hour 11 minute 15 a. M.

21. I hereby certify that I attended the deceased from January 25, 1941, to February 26 1941; that I last saw h. alive on Feb. 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage

Due to Influenza

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations

Of autopsy

PHYSICIAN

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)
While at work (e) Means of injury

23. Signature Henry T. Knabb (M. D. or other)
Address 1307 E. Cherry Date signed 2/27/41

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1945

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 James A. Osborn

Licensed Embalmer No. 4185

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.