

13-40
17-39
X23159

Registration District No. 10 BAR

Primary Registration District No. 2001

Registrar's No. 708

926
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 0

3. (a) PRINT FULL NAME Dona Fancher

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female race White

5. Color or 2 divorced Widowed

6. (b) Name of husband or wife Charles Fancher alive Dec years

7. Birth date of deceased May 17 1871
(Month) (Day) (Year)

| | | | |
|-------------------------|-----------------|----------------|----------------------------------|
| 8. AGE: Years <u>70</u> | Months <u>3</u> | Days <u>13</u> | If less than one day hr. min. |
|-------------------------|-----------------|----------------|----------------------------------|

9. Birthplace Dry Fork, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Own Home

12. Name William Walker

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

14. Maiden name Ramsey

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

16. (a) Informant Mrs. Ruth Crow

(b) Address Berryville, Ark.

17. (a) SBurial (b) Date thereof Sept. 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berryville, Ark.

18. (a) Signature of funeral director Nelson Funeral Home

(b) Address Berryville, Ark.

19. (a) 8-30-41 (b) W.E. Naudy, MD
(Date received local registrar) (Registrar's signature)

707 (Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark. (b) County Carroll 999

(c) City or town Berryville 03
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1941 hour 10 minute PM M.

21. I hereby certify that I attended the deceased from Aug 29
1941 to Aug 30 1941

that I last saw her alive on Aug 31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 30

Due to Hypertension

Due to 830

Other conditions (Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury ↓

23. Signature Ray Stallaway (M. D. or other) MD

Address Springfield Date signed 9/5/41

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.....

Body Prepared in Ark......, 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, fact should be so stated above.