

FILED JAN 21 1942

Registration District No. 318

Primary Registration District No. 5439

Registrar's No. 974

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield Rural, N. Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2408 E. KITE ST. R. I.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) County Greene, Campbell
(b) City or town Springfield Rural
(If outside city or town limits, write "RURAL")
(c) Street No. 2408 E. KITE ST. R. I.
(If rural, give location)
(d) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LULU D. THOMAS.

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 Unknown 6. (c) Age of husband or wife if alive 30 years 1895

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

8. AGE: Years 1 46 Months 3 Days 14 If less than one day _____ hr _____ min.

9. Birthplace Mansfield Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife in home

11. Industry or business _____

12. Name A. C. Adams

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

14. Maiden name Jane Caskey (City, town, or county) (State or foreign country)

15. Birthplace Webster Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Eva Anderson

(b) Address Julesa Okla.

17. (a) Rural (b) Date thereof Dec 21-1941 (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cem.

18. (a) Signature of funeral director J. W. King

(b) Address Springfield Mo.

19. (a) 12-20-41 (Date received local registrar) (b) W. E. Haudley (Registrar's signature)

(c) Address _____

(d) _____

(e) _____

(f) _____

(g) _____

(h) _____

(i) _____

(j) _____

(k) _____

(l) _____

(m) _____

(n) _____

(o) _____

(p) _____

(q) _____

(r) _____

(s) _____

(t) _____

(u) _____

(v) _____

(w) _____

(x) _____

(y) _____

(z) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec day 14th year 1941 hour unknown minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ 19 _____ that I last saw her alive dead - December 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death as determined by coroner's jury - accidental fall due to weakened physical condition - Duration _____
Due to Doctor's notation: subdural hemorrhage from lacerated wound of scalp received in fall
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 1941
Of operations _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Of autopsy: subdural hemorrhage from lacerated wound of scalp

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accidental fall
(b) Date of occurrence East Lawn Cem. Dec. 13, 1941
(c) Where did injury occur? Springfield, Greene Co. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
While at work? unknown (Specify type of place) (e) Means of injury Fall
Signature Jas. B. Wesome acting Coroner (M. D. or other)
Address 116 22 1/2 W. Robinson Date signed 12-19-41
Springfield, Missouri

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.....

Max Rhodes
4071
Springfield

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.