

FILED MAR 12 1942

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 137

1. PLACE OF DEATH:

(a) County GREENE Springfield
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mary T. High, Rest home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 Mo.
In this community. 17 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sallie Dwyer

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

4. Sex ♀ 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife. Unknown
6. (c) Age of husband or wife if alive. Dec 2 years

7. Birth date of deceased. Oct. 2 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 17
If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Samuel Henry
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant W. K. Henry
(b) Address 1428 S. Kickapoo

17. (a) Burial (b) Date thereof 2/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Danforth (Cem)
Dunn Funeral Home

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

19. (a) 2-20-42 (b) W. K. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Greene 34
(a) State (b) County
(c) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1428 S. Kickapoo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1942 hour 12 minute _____ M.

21. I hereby certify that I attended the deceased from Fun. Home Feb. 19-1942
that I last saw her alive on _____ 19_____
and that death occurred on the date and hour stated above.

Immediate cause of death Demilitex and High Fructose Duration _____

Due to No doctor present at time

Due to of death
Dr. D. D. Elzell treated her previously

Other conditions 2 Months ago.
(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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury 3

23. Signature Dr. D. D. Elzell Acting Coroner
Address 227 E. 1st St. Date signed 2/19/42

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

784 (Licensed Embalmer's Statement on Reverse Side) _____

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 *Lawrence L Hall*

Licensed Embalmer No. *2754*

P. O. Address *Springfield*

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.