

JUN 10 1942

Registration District No. 318

Primary Registration District No. 2001

357

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2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 921 Cherry  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community 36 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 921 Cherry Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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3. (a) PRINT FULL NAME America Napper

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 Married  
6. (b) Name of husband or wife J. R. H. Napper 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased August 9, 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 26 If less than one day  
hr. min.

9. Birthplace Scottsburg, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
In Home

11. Industry or business

MOTHER FATHER { 12. Name McFarlane Peeler  
13. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Alsop  
15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. R. H. Napper  
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 5/7/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
Springfield, Missouri  
(b) Address

19. (a) 57-42 (b) S. W. S. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th  
year 1942 hour 10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 7  
1942 to May 5 1942  
that I last saw her alive on April 7 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer -  
metastatic with  
metastatic to  
Due to metastatic cancer  
Due to metastatic cancer

Duration

6 months

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Biopsy, left  
supraclavicular gland  
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 Litchell (M. D. or other) \_\_\_\_\_  
Address 200 E. Parkling Date signed 5/7/42

784

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**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

*Wayne Hinkle*

Licensed Embalmer No. *3444*

P. O. Address *Springhill*

**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.**

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