

FILED SEP 14 1942

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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: 1020 N. WARREN
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 HR. (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME ALICE R. CLARK.

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 Sec. 5 years

7. Birth date of deceased Dec. 5 1859
(Month) (Day) (Year)

8. AGE: Years 1 82 Months 8 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business In home

12. Name Unknown Meriam

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

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

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

16. (a) Informant Rubin A. Newman

(b) Address Springfield, Mo.

17. (a) Rural (b) Date thereof Aug 9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Castlawn Cem.

18. (a) Signature of funeral director J. W. Kingner & Co

(b) Address Springfield, Mo.

19. (a) 8-8-42 (b) J. S. W. Harding
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

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

(d) Street No. 1020 N. WARREN (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6th
year 1942 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7-18, 1942 to 8-6, 1942
that I last saw her alive on 8-6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death With "flu" with Bronchial Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy ✓

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 W. H. Kingner (M. D. or other) _____
Address Springfield, Mo. Date signed 8-7-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Roy A. Quinn

Licensed Embalmer No.

1763

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.