

FILED NOV 12 1942

Registration District No.

Primary Registration District No. 2000

39
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6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: GREENE

(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: Home - 2117 Spruce
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community Several Years
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. 2117 Spruce
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Effie I. Taylor

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1942 hour 11 minute 55 A.M.

4. Sex Female 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. years

7. Birth date of deceased Feb. 10 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 8 Days 16 If less than one day _____ hr. _____ min.

Immediate cause of death: Probably chronic Cardio-renal disease

Due to arterio-sclerosis

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

Due to Unattended by physician

10. Usual occupation Housekeeper

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Lee Simmons

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

{ 14. Maiden name Mary Frantham

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

Major findings: 131 a

Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Jewell Samples

(b) Address 2117 Spruce Springfield, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 10/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove

(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? _____

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

(b) Address Springfield, Mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) 10-27-42 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

23. Signature W. S. Handley (M. D. or other)

Address Health Officer Date signed 10/27/42

Duration not known

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.....

Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Frank Grable Jr.

Licensed Embalmer No.....

4740

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.