

FILED DEC 5 1942 128
 Registration District No. 215

Primary Registration District No. 2000

Registrar's No. 822

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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
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2124 N. TRAVIS
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 65 YR.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Greene 39
 (c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
 (d) Street No. 2124 N. Travis
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CORA MAY FENDER
 3. (b) If veteran, name war NONE
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 15
 year 1942 hour 6 minute 47 P. M.
 21. I hereby certify that I attended the deceased from April 14, 1942
 _____, 19____, to Nov 15, 19____
 that I last saw her alive on April 14, 19____
 and that death occurred on the date and hour stated above.

4. Sex FEMALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife LUTHER M. FENDER
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased: March 19 1877
(Month) (Day) (Year)

Immediate cause of death: Cardiac Renal Uræmia
 Duration 3-4 yr.

8. AGE: Years 65 Months 7 Days 26
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Unknown ARK. 1
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation House Wife

Major findings: 131a
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business In home
 12. Name Jess Billibland
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Satchel
 15. Birthplace Unknown Mo. 0
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Luther M. Fender
 (b) Address Springfield Mo.

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

17. (a) Burial (b) Date thereof Nov. 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Place: burial or cremation Green Lawn

(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 J. W. Ingner Co
 (b) Address Springfield Mo.

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

19. (a) 11-17-42 (b) B. W. Handley
(Date received local registrar) (Registrar's signature)

23. Signature Max J. Hill (M. D. or other) M.D.
 Address Springfield Mo. Date signed 11-17-42

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*

Licensed Embalmer No. *4071*

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.

X