

FILED MAR 26 1943

Registration District No.

Primary Registration District No. 2000

State File No.

Registrar's No. 219

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: BURGE HOSP. O
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 In this community. years, months or days)

3. (a) PRINT FULL NAME BELLE E. DANCEY
 3. (b) If veteran, name war. NONE
 3. (c) Social Security No. NONE

4. Sex FEMALE
 5. Color or race WHITE
 5. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife LESTER DANCEY
 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased AUG. 14, 1909
 (Month) (Day) (Year)

8. AGE: Years 33 Months 6 Days 26
 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business IN HOME

12. Name CARL ALFRED

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

14. Maiden name CORA JENKINS

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

16. (a) Informant Lester Dancey

(b) Address Waynesville, Mo.

17. (a) Burial (b) Date thereof Nov 14, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J. K. Kingler & Co
 (b) Address SPRINGFIELD MO

19. (a) 3-12-43 (b) R. W. Handley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State. MO. (b) County. PULASKI 85
 (c) City or town. WAYNESVILLE
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country. 1 *

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 10
 year 1943 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from March 2, 1943, to March 10, 1943
 that I last saw her alive on March 10, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculous meningitis 7 da.
 Due to: Miliary Tuberculosis 3 wks
 Due to: Pulmonary Tuberculosis 5 yrs.

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

Major findings: Of operations. 13 ft 1
 Of autopsy.
 PHYSICIAN

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) (c) Means of injury

23. Signature [Signature] (M. D. or other)
 Address Springfield, Mo. Date signed

909

(Licensed Embalmer's Statement on Reverse Side)

X

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

629

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.....

Licensed Embalmer No.....

P. O. Address.....

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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