

FILED JUL 13 1943

Registration District No. 324

Primary Registration District No. 322

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
224 East Arrow /
(If not in hospital or institution, write street number or location)

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

In this community All her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

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

(d) Street No. 224 East Arrow
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Virginia Orear Springgate

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1943 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from held inquest June 29, 1943
that I last saw h. alive on 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 Widow

6. (b) Name of husband or wife Raymond S. Springgate

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased December 5th, 1899
(Month) (Day) (Year)

Immediate cause of death By Hanging

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>6</u>	<u>24</u> hr. min.

Due to.....

Due to Respiratory

9. Birthplace Saline County Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation House keeper

Major findings:
Of operations..... 164a

Of autopsy..... no

11. Industry or business.....

12. Name George N. Orear

13. Birthplace Saline County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Allen

15. Birthplace Saline County Missouri
(City, town, or county) (State or foreign country)

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

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

(b) Date of occurrence June 29, 1943

(c) Where did injury occur? Marshall Saline Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant John N. Adams

(b) Address Marshall, Missouri

17. (a) Burial Burial (b) Date thereof July 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

While at work?.....
(Specify type of place) (e) Means of injury

Signature of L. L. Lewis Saline Co.
(M. D. or other)

Address Marshall Mo. Date signed 6-29-43

18. (a) Signature of funeral director Complad Lewis

(b) Address Marshall, Mo.

19. (a) 6-30-43 (b) Mot. G. Woodruff
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

373731

AUG 23 1943

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-9-43

OCT 18 1943

OCT 18 1943

SEP 22 1944

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 *P.W. Campbell*
Licensed Embalmer No. *3469*
P. O. Address *Marshall, 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.