

ED JUL 24 1943  
Registration District No. 128

Primary Registration District No. 2000

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: CITY HOSPITAL  
(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 IDA A. WILSON

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 Unk.

6. (c) Age of husband or wife if alive Unk. years 1865

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years 77 Months 11 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unk. OHIO (State or foreign country)

10. Usual occupation House wife

11. Industry or business In home

12. Name Andrew Fair

13. Birthplace Unk. Ohio (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unk. Unknown (State or foreign country)

16. (a) Informant Mrs. Sam K. Martin

(b) Address Springfield, Mo.

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

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

18. (a) Signature of funeral director J. Whittington Co.

(b) Address Springfield, Mo.

19. (a) 7-13-43 (Date received local registrar) (b) W. H. Haulley (Registrar's signature)

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. 324 Summit (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year 1943 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from 7/12 1943, to 7/12 1943.

that I last saw her alive on 7/12/43 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None (Include pregnancy within 5 months of death)

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 J. E. Alder (M. D. or other) 0  
Address Springfield, Mo. Date signed 7/13/43

**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

*J. B. Klingner*

Licensed Embalmer No.

*3358*

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.**

X