

No. 2
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AUG 23 1948

State File No. _____

Registration District No. 310 128

Primary Registration District No. 200D

Registrar's No. 610A

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: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME MRS. MARY E. WATKINSON

3. (b) If veteran, name war none

3. (c) Social Security No. und.

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife unk.

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

7. Birth date of deceased December 21 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>7</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation Ready to wear Shop

11. Industry or business Reception

12. Name John Engle

13. Birthplace unk.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Evans

15. Birthplace unk.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Gains

(b) Address 792 Lincoln, Spfld, Mo.

17. (a) Remove 1 (Burial, cremation, or removal)

(b) Date thereof July 29, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Seymour, Mo.

18. (a) Signature of funeral director A. L. Watson

(b) Address Seymour Mo

19. (a) 8-11-43 (Date received local registrar)

(b) S. M. Landrum (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1948 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 24 to July 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis

Due to _____

Due to Rupt. Gall. Appendix

Other conditions 12112
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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. Dallas Smith (M. D. or other)

Address Springfield Mo Date signed Aug 11 1948

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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.....

F. C. Steffe

Licensed Embalmer No.

3221

P. O. Address.....

Manifield 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