

No. 2
1-4-41
1-17-41
X28390

Dr. Fellow
31571
State File No.
Registrar's No. 764

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED SEP 25 1943

Registration District No. 12.8 Primary Registration District No. 2.000

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(c) Name of hospital or institution: 1953 N. Rogers
(d) Length of stay: In hospital or institution: 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(d) Street No.: 1953 N. Rogers
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Fannie Northrup
(b) If veteran, name war: no
(c) Social Security No.: no

20. DATE OF DEATH: Month Sept. day 14
year 1943 hour 8 minute 30 a.m.

4. Sex: Female 5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
(b) Name of husband or wife: unk
(c) Age of husband or wife if alive: 45 years

21. I hereby certify that I attended the deceased from 8-2-
1943 to 9-6-1943
that I last saw her alive on 9-6-1943
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 6 Days 19
If less than one day: hr. min.

Immediate cause of death: Cardiac failure
Duration: 1 year

9. Birthplace: Hickory County Missouri

Other conditions: Senility
Major findings: Of operations
Of autopsy: _____

10. Usual occupation: attorney
11. Industry or business: _____
12. Name: T.C. Wilson
13. Birthplace: Unknown Unknown
14. Maiden name: Unknown
15. Birthplace: Unknown Unknown

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

16. (a) Informant: Floyd Roberts
(b) Address: Springfield, Mo.
17. (a) Burial (b) Date thereof: Sept. 16 1943
(c) Place: burial or cremation: Hazelwood
18. (a) Signature of funeral director: H.H. Lonmeyer
(b) Address: Springfield, Mo.
19. (a) 9-15-43 (b) Dr. W.S. Handley

22. (Specify type of place) _____
While at work? _____ (c) Means of injury: _____
23. Signature: C.E. Feller
Address: Springfield Mo Date signed: 9/14/43

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

DEC 1 1943

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

Walter E. Hamilton

Licensed Embalmer No.

3808

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. out

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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: _____

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

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 50 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Fannie Northrup

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Feb. 25 - 1883
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days _____ If less than one day, _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;

that I last saw him _____ 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardiac failure 1 yr
Chronic Myocarditis

Due to _____

Due to Senility

Other conditions _____ (Include pregnancy within 3 months of death) 93d

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 C E Fuller (M. D. or other)

Address Springfield, Mo. Date signed 9/29/43

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

MOTHER FATHER

SUPPLEMENTARY

DEC 1 1943

31671

JUN 19 1944