

FILED NOV 24 1943

Registration District No. 310-128

Primary Registration District No. 2000 5466

Registrar's No. 924

1. PLACE OF DEATH:

(a) County: GREENE  
(b) City or town: Springfield  
(c) Name of hospital or institution: ~~Hartsville~~ <sup>Springfield</sup> Hospital  
(d) Length of stay: 8 days  
In this community: 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Wright  
(c) City or town: Hartsville - Rural  
(d) Street No: 7 miles Northwest of Hartsville  
(e) Citizen of foreign country? No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10  
year 43 hour 2:25 minute P.M.  
21. I hereby certify that I attended the deceased from 11-2-43  
to 11-10-43  
that I last saw him alive on Nov 10, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: General peritonitis  
Due to: Ruptured appendix

Duration

Other conditions: 12/11  
(include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations:  
Of autopsy:

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?  
(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: William H. [unclear]  
Address: 2100 S. Holladay  
Date signed: 11/10/43

3. (a) PRINT FULL NAME: FRANCES RAY PAGE

3. (b) If veteran, name war: No  
3. (c) Social Security No: None

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

6. (b) Name of husband or wife: None  
6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: 11-15-1929  
(Month) (Day) (Year)

8. AGE: Years 13 Months 11 Days 25  
If less than one day hr. min.

9. Birthplace: Clinton Okla. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation: Student

11. Industry or business:

12. Name: Ray Page

13. Birthplace: Demore California  
(City, town, or county) (State or foreign country)

14. Maiden name: Esther Kemp

15. Birthplace: Weatherford Okla.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Ray Page

(b) Address: Hartsville R-1 Mo

17. (a) Burial, cremation, or removal: Burial  
(b) Date thereof: 11-12-43  
(Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olive Cem  
10 miles west Hartsville Mo

18. (a) Signature of funeral director: Gene Holdren  
(b) Address: Hartsville Mo

19. (a) 11-10-43 (Date received local registrar)  
(b) W. H. Handley (Registrar's signature)

784 (Licensed Embalmer's Statement on Reverse Side)  
Springfield, Mo

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

9  
0  
0

**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 Gene E. Holder  
Licensed Embalmer No. 3865  
P. O. Address Hartsville, 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.**