

No. 2  
1-4-41  
5-17-39  
X26390

FILED FEB 10 1944  
Registration District No. 128

Primary Registration District No. 2000

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
9  
2  
6

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:  
**723 W. SCOTT /**  
 (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)

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. **723 W. Scott**  
 (If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MINNIE EMMA WRESCHE**  
 3. (b) If veteran, name war **NONE**  
 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **27th**  
 year **1944** hour **9** minute **20A** M.  
 21. I hereby certify that I attended the deceased from **July 44**  
**5** 19 **42** to **July 27 44**  
 that I last saw **her** alive on **1-27**  
 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 **unk.**  
 6. (c) Age of husband or wife if alive **See** years  
 7. Birth date of deceased **Sept. 12 1876**  
 (Month) (Day) (Year)

Immediate cause of death **Chronic Hepatitis** Duration **2 yrs.**

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<b>67</b>	<b>4</b>	<b>15</b>	hr. min.

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

9. Birthplace **GREENE CO MO. /**  
 (City, town, or county) (State or foreign country)

Other conditions **Influenza p 2 - 10 days**  
 (Include pregnancy within 3 months of death)

10. Usual occupation **House wife**  
 11. Industry or business **At Home**

Major findings: **174**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 12. Name **George Panter**  
 13. Birthplace **unk. Unknown?**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Mary Ann Woodruff**  
 15. Birthplace **unk. Unknown?**  
 (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) **no**  
 (b) Date of occurrence **no**  
 (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? **no**

16. (a) Informant **Miss Clarence Brumfield**  
 (b) Address **SPRINGFIELD MO.**

While at work? **no** (Specify type of place)  
 (c) Means of injury \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **Jan 27-1944**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Green Lawn Cem**  
 18. (a) Signature of funeral director **J. W. Klingler**  
 (b) Address **SPRINGFIELD MO.**  
 19. (a) **1-28-44** (b) **W. H. Haulley**  
 (Date received local registrar) (Registrar's signature)

23. Signature **W. T. Walsh** (M. D. or other)  
 Address **Springfield MO** Date signed **1/28/44**

484

**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 *Ray A. Gaurin*  
Licensed Embalmer No. *1763*  
P. O. Address *Springfield*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

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