V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. H. Knabb C281

State File No.

FILED MAR 12 1948

Registration District No.

Primary Registration District No. 2000

Registrar's No. 135

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 13 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 457 Normal
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eva Adele Ware

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Senaca Eugene Ware

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

7. Birth date of deceased June (Month) 3 (Day) 1863 (Year)

8. AGE: Years 81 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Monroe, Adams Co. (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name William Irving
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name UNK. Upton
15. Birthplace Unknown (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant Mrs. Lelah M. Williams
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/45 (Month) (Day) (Year)
Sons Chapel
(c) Place: burial or cremation Fayetteville, Ark

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 2-16-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1945 hour 12 minute 15 a. M.

21. I hereby certify that I attended the deceased from Dec 8 1945 to Feb 16 1945
that I last saw her alive on Feb 16, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease

Due to Secondary Hypertension

Due to Arterio Sclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Henry F. Knabb (M. D. or other) M.D.
Address 450½ E Cmt. Springfield Mo Date signed 2-16-45

(Licensed Embalmer's Statement on Reverse Side)

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 Hamelin

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.

X