

FILED NOV 28 1945

Registration District No. 128

Primary Registration District No. 2000

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:
515 N Nettleton 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 9 yrs
years, months or days (Specify whether)

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. 515 N Nettleton
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs Ella S. Foust

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife. UNK. 6. (c) Age of husband or wife if alive. XX years
7. Birth date of deceased January 22, 1858
(Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Paulding Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Jess Lybarger
13. Birthplace Unknown Ohio 1
(City, town, or county) (State or foreign country)
14. Maiden name Mrs Ella Waddley
15. Birthplace Unknown UNK.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella Waddley
(b) Address 442 E Monroe St. SP

17. (a) Burial (b) Date thereof Nov 16, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Maple Park

18. (a) Signature of funeral director. Fred C. Parsons
(b) Address Springfield Mo
19. (a) 11-10-45 (b) 5 N E Hardly
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1945 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from November 4, 1945 to November 9, 1945
that I last saw h. alive on November 9, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death. Pneumonia, lobar rt. lung Duration 7 days
Due to Cause undet.

Due to.....
Other conditions Arterio sclerotic heart
(Include pregnancy within 3 months of death)
Disease of fibrillation

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 W. H. Haus (M. D. or other) M.D.
Address MED. ARTS BLDG. Date signed 11-10-45

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

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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..... *Fred C. Heine*

Licensed Embalmer No. *2899*

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