

P. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16361

FILED MAY 27 1946

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 422

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:
1501 North Grant Ave.
(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. 1501 North Grant Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Dishman VanWormer

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William VanWormer 6. (c) Age of husband or wife if alive 89 years
7. Birth date of deceased April 27, 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Christian Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business At Home

12. Name (MRS) Stewart

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

14. Maiden name Margaret Adkins

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

16. (a) Informant J. P. Dishman

(b) Address 4414 Genesee, Kansas City, Mo.

17. (a) Burial (b) Date thereof May 18, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J. W. Klingner
(b) Address Springfield Mo.

19. (a) 5-16-46 (b) W. S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1946 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 2 1946 to May 15 1946
that I last saw her alive on May 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 2 wks

Due to Arteriosclerosis Encrusted
Due to 10 yrs

Other conditions Thrombosis Rt. Common iliac artery
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 94

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 Col E. G. ... (M. D. or other) _____
Address 4501 E. Comm Date signed May 15, 1946

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

MOTHER FATHER

5/18/46

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

Max Rhodes

Licensed Embalmer No.

4071

P. O. Address

Springfield

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.