No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

Registration District No. 728

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 40282

Registrar's No. 1009

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: 1611 N. Boulevard /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 76 Years
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. 1611 N. National
(If rural, give location)

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

If yes, name country .....

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3. (a) PRINT FULL NAME Annie E. White

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 Widow 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased March 31, 1870
(Month) (Day) (Year)

8. AGE: Years 76 | Months 8 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Ash Grove (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

FATHER
12. Name Charles N. Moss 4
13. Birthplace Unknown (City, town, or county) England / (State or foreign country)

MOTHER
14. Maiden name Catherine Franks
15. Birthplace Unknown (City, town, or county) Minn. / (State or foreign country)

16. (a) Informant Georgia Williams
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Robberson Prairie Cem.

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

19. (a) 12-17-46 (Date received local registrar) (b) W. Z. Hansley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1946 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from November 1, 1946, to Dec. 16, 1946, that I last saw her alive on 12-10, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	5 days
Chr. Bronchitis	4 yrs.
Due to Chr. Rheumatoid Arthritis	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 107
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature A. W. Harris (M. D. or other) M.D.
Address Springfield, Mo. Date signed 12-16-46.

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(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.....

Licensed Embalmer No. 7071

P. O. Address.....

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

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