

S. No. 2
M-5-43
5-17-39
X35671

FILED FEB 14 1947
128

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 91

1. PLACE OF DEATH

(a) County Green

(b) City or town Springfield Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2044 Benton, ave. 1
(If not a hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 or 5 years years, months or days)

3. (a) PRINT FULL NAME Jeff. Woods

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

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased May 15 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business Retired Farmer

12. Name Sam. Knowlton

13. Birthplace Sam. Knowlton
(City, town, or county) (State or foreign country)

14. Maiden name Sam. Knowlton

15. Birthplace Sam. Knowlton
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Woods

(b) Address Ozark Mo. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 47
(Month) (Day) (Year)

(c) Place: burial or cremation Ozark Cemetery

18. (a) Signature of funeral director J. B. Chaffin

(b) Address Ozark Mo.

19. (a) 1-30-47 (Date received local registrar) (b) W. Handley M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Green

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

(d) Street No. 2044 Benton ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1947 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 1945 to 1-29, 1947
that I last saw h. alive on 1-25, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 0 M.D.

23. Signature Max J. Staff (M. D. or other) MD

Address Springfield Mo. Date signed 1-30-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

9
2
6

MOTHER FATHER

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.