

FILED MAY 5 1947  
128

Registration District No. \_\_\_\_\_

Primary Registration District No. 2000

Registrar's No. 355

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: St. John Hosp. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Weeks  
In this community 45 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 850 S. Grant 6  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Florence Stone

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 Married

6. (b) Name of husband or wife Earl D. Stone 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 30 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 9 15 hr. min.

9. Birthplace Greene County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Sam P. Fielder  
13. Birthplace Greene County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucy Fondren  
15. Birthplace Greene County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl D. Stone

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 4/17/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halzewood

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) \_\_\_\_\_ (b) W.E. Handley MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15  
year 1947 hour: 10 minute 15a. M.

21. I hereby certify that I attended the deceased from 4-1, 1947, to 4-15, 1947.  
that I last saw h. cr alive on 4-15, 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast Duration 3 yr.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Cc. of Breast PHYSICIAN  
Of operations 50  
Of autopsy \_\_\_\_\_  
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.E. Handley MD (M. D. or other) MD  
Address Springfield Mo Date signed 4-16-47

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

AUG 19 1966

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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 Walter E. Hamet

Licensed Embalmer No. 3808

P. O. Address Springer 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.