

FILED MAY 19 1947

Registration District No. **128**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, give "RURAL" and name of township)
(c) Name of hospital or institution:
228-E-Pine 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Greene 39**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **528-E-Pine 6**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **LILLIE BOWEN**

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

4. Sex **73** 5. Color or race **NEGRU** 6. (a) Single, widowed, married, divorced **WIDOWED**

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

7. Birth date of deceased **APRIL week 1887**
(Month) (Day) (Year)

8. AGE: Years **60** Months **3** Days **3** If less than one day..... hr. min.

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

10. Usual occupation **Housekeeper**

11. Industry or business.....

MOTHER FATHER { 12. Name **James Huddleston**

13. Birthplace **Springfield Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Winfield**

15. Birthplace **Springfield Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Grace Hickman**

(b) Address **528-E-Pine**

17. (a) **Burial** (b) Date thereof **5-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Memorial**

18. (a) Signature of funeral director **H. Y. Smith**

(b) Address **702-A Jefferson**

19. (a) **5-12-47** (b) **W. E. Handley, D.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **9**
year **1947** hour **3** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **May 5**
19**47**, to **May 9** 19**47**.
that I last saw her alive on **May 8** 19**47**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction** Duration.....
fricency

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
936

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) (c) Means of injury.....

23. Signature **Luman H. Brown** (M. D. or other).....

Address **3119 Brownville Spfld** Date signed **May 11, 47**

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..... *Herbert V Smith*.....
Licensed Embalmer No..... *4286*.....
P. O. Address..... *Springfield CT*.....

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.