

No. 2
5-17-39
X36871

FILED JUN 9 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, write "RURAL" and name of township)
 (c) Name of hospital or institution:
715 N. Main
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community **All her life**
years, months or days

3. (a) PRINT FULL NAME **Rebecca East**
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** **Widow**
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** **29** **1868** years
7. Birth date of deceased **June** **29** **1868**
(Month) (Day) (Year)

8. AGE: Years **78** Months **10** Days **14** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John, L. Lee**

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

14. Maiden name **Elizabeth**

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

16. (a) Informant **Mrs. Henry C. Twigg**

(b) Address **1307 W. Lynn**

17. (c) Burial **East Lawn** **(b) Date thereof** **5-15-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **East Lawn**

18. (a) Signature of funeral director **J. V. Klingner & CO**

(b) Address **Springfield Mo.**

19. (a) 5-15-47 **(b) J. E. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Greene**
 (c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
 (d) Street No. **715 N. Main**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **13** year **1947** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **Unattended** **19** **by a physician**
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
probably cardio-renal vascular 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)
 (2) Means of injury _____
23. Signature **W. S. Handley** **local registrar**
(M.D. or other)
 Address **Springfield Mo** Date signed **5-15-47**

Duration
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 *May Rhodes*.....

Licensed Embalmer No. *4071*.....

P. O. Address *Spring Hill*.....

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.