

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1947
Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30942
Registrar's No. 822

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: Mary E Wilson Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 77 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Julia Rich
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
6. (b) Name of husband or wife John Rich 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased September 23, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>24</u>	hr. min.

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

10. Usual occupation House Wife

11. Industry or business At Home

12. Name John Forshee

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

14. Maiden name Margaret Woodrow

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

16. (a) Informant Hattie Walker

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof 9-19-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cem.

18. (a) Signature of funeral director J.W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 9-19-47 (b) M.E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 37
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 924 N. Main 6
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep. day 17,
year 1947 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 1946 to Sept 17 1947
that I last saw her alive on Sept 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 16 hr

Due to Coronary Arterial Sclerosis
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations A 7 8
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? ✓

While at work? Yes (Specify type of place) (e) Manner of injury _____

23. Signature Max Fitch (M. D. or other) MD
Address Springfield Mo Date signed 9-18-47

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.....

Max Rhodes

Licensed Embalmer No. *4071*

P. O. Address.....

Springfield

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.