

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield

(c) Name of hospital or institution: 1006 South Ferguson Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 years  
(Specify whether years, months or days)

In this community 22 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 29

(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 1006 South Ferguson Avenue 6  
(If rural, give location) 0

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EMMA KATHERINE ROTH

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1, year 1947 hour 1: minute 45 P. M.

21. I hereby certify that I attended the deceased from July 15 1947 to Oct 1 1947 that I last saw him alive on Sept 30 1947 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased July 10, 1864  
(Month) (Day) (Year)

Immediate cause of death Cerebral Vascular Disease

Duration 3-4 hrs

8. AGE: Years 83 Months 2 Days 1 If less than one day hr. \_\_\_\_\_ min.

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

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

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

MOTHER FATHER

9. Birthplace Buffalo, New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home Making

12. Name Unknown

13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 131A

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

16. (a) Informant Mrs. Hugh Lloyd (daughter)

(b) Address 1006 South Ferguson Avenue

17. (a) Removal (b) Date thereof 10/2/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo, New York

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 10-6-47 (b) Mrs. Handley  
(Date received local registrar) (Registrar's signature)

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 job) \_\_\_\_\_ (Means of injury) MO

23. Signature Max [illegible] (M. D. or other) MO

Address Open Hospital Date signed 10-3-47

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

OCT 28 1947

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.....

*Lee Mason*

Registered Apprentice No. *477*

working under my personal supervision.

Signed *Jewell E. Kuddle*

Licensed Embalmer No. *2831*

P. O. Address *Springfield, 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.