No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr/ Calloway

State File No. 34236

FILED OCT 29 1947

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 907

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Elfindale Academy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Elfindale Academy 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Sister Mary Frances Curran

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 1 (Day) 1885 (Year)

8. AGE: Years 62 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Niles (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Nun

11. Industry or business

FATHER
12. Name Thomas Curran
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Christina Schwartz
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Elfindale Records
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Elfindale

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 10-20-47 (Date received local registrar) (b) W.E. Hundley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1947 hour 8 minute 45a. M.

21. I hereby certify that I attended the deceased from 1944, 19, to Oct 17, 1947
that I last saw her alive on April 1, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rheumatoid Arthritis	4 yr.
Due to	
Due to	
Other conditions: Chr. Myocarditis (Include pregnancy within 3 months of death)	3 yr.

Major findings:
Of operations
Of autopsy

93D

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Guy D Calloway (M. D. or other) MD

Address Springfield Mo Date signed 10/18/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 James B. Laughlin, Registered Apprentice No. 466, working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3895

P. O. Address Springfield Me

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.