S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 12 1947

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 37792

Registrar's No. 996

WRITE PLAINLY—USING 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 459 Cherry Street 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 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 459 Cherry Street 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country n

3. (a) PRINT FULL NAME CAROLINE S. SPRINGER
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Francis M. Springer
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased October (Month) 7, (Day) 1862 (Year)

8. AGE: Years 85 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Louisville, (City, town, or county) Kentucky (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business Home Makeing
FATHER
12. Name (unknown) Klump
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Caroline (unknown)
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country) 1
16. (a) Informant Miss Evelyn Springer (Daughter)
(b) Address 511 East Elm Street, City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/ 22/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Denver, Colorado
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 11-22-47 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20, year 1947 hour 11: minute 00 P. M.

21. I hereby certify that I attended the deceased from September, 1947, to Nov, 1947 that I last saw her alive on 20 Nov. 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia bilateral Hypostatic	3 days
Due to	
Due to Carcinoma Pancreas head Diabetes Mellitus	8 mon 1 year
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy 4/0

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 J. Newton Mackenzie M. D.
Address Woodruff Bldg, Spfgle, Mo. Date signed 11/21/47

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 Julian R. Goodwin Registered Apprentice No. 473 working under my personal supervision.

Signed Jewell E. Kindle

Licensed Embalmer No. 2831

P. O. Address Springfield, Missouri

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.