

0-2
5-43
7-39
X336671

FILED NOV 15 1948
Registration District No. 728

Primary Registration District No. 2000

Registrar's No. 973

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:
823 W. Division Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield
(If outside city or town limits, write "RURAL") 5

(d) Street No. 823 W. Division St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Martha Page

3. (b) If veteran, name war none

3. (c) Social Security No. 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th
year 1948 hour 3:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from March 2, 1948, to November 6, 1948, that I last saw her alive on 6 November, 1948, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife George Page

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased February 2, 1873
(Month) (Day) (Year)

Immediate cause of death Metastatic involvement of lungs & carcinoma

Due to Carcinoma of breast, left.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

75	9	4	hr. min.
----	---	---	----------

9. Birthplace Elk City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy 50

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name William Oliver

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

14. Maiden name Sarah K. Swaford

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

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? _____

16. (a) Informant Silver Belle Broan

(b) Address 823 W. Division, Springfield, Mo.

17. (a) Burial (b) Date thereof 11-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Sorin field, Missouri

19. (a) 11-9-48 (b) W. J. Handley
(Date received local registrar) (Registrar's signature)

(Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature Henry F. Kubit, J. M.D. (M. D. or other) 11

Address 630 N. Jefferson Springfield, Mo. Date signed 9 Nov 48

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..... *Ried C. Thieme*

Licensed Embalmer No. 2899

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.