

Feller
REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10796
Do not use this space.

1. PLACE OF DEATH *Greene* Registration District No. *315*
 (a) County *Springfield* Primary Registration District No. *2001* Registered No. *271*
 (b) Township
 (c) City (d) Street No. *1222 E. Commercial* St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Emma J. Lashin* 245
 (a) Residence, No. *1222 E. Commercial* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*
 (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 10 - 1865*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *House Wife*
 9. Industry or business in which work was done, as saw mill, bank, etc. *In home*
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

FATHER
 13. NAME *Nelson Valentine*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER
 15. MAIDEN NAME *Unknown*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Mrs. J. Van Hook*
 (ADDRESS) *Springfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Green Lawn* DATE *March 27, 38*

19. FUNERAL DIRECTOR (ADDRESS) *J. W. Hargrett & Co*
Springfield, Mo.

20. FILED *325* 19 *38* *Chas. C. George* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 25*, 19 *38*

22. I HEREBY CERTIFY, That I attended deceased from *1-20-* 19 *38*, to *3/23/38*, 19 *38*
 I last saw her alive on *Mar 23*, 19 *38*. Death is said to have occurred on the date stated above, at *10:30 P.* m.
 The principal cause of death and related causes of importance were as follows:
Adeno Carcinoma of Breast
Metastasis to Stomach & Bowel
 Date of onset *2403 68*

Other contributory causes of importance:
Seriaty 50'

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) *C. E. Feller*, M. D.
 (Address) *Springfield, Mo*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J. B. Klingner, Licensed Embalmer No. 3358
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. B. Klingner
3358 L. E. Warren S. Hoblett
No. 4005 or by Max Rhodes, Registered Apprentice No. 117
working under my personal supervision.

Signed J. B. Klingner
Licensed Embalmer No. 3358

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.)