

REC'D JUN 8 1938

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

Dr. Walsh
18257
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township Franklin Primary Registration District No. 2001 Registered No. 392
(c) City Springfield, Mo. Street No. 1859 N. Stuart 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

Mrs. Florence Crain 650
(a) Residence, No. 1859 N. Stuart St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. R. Crain
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1880
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
✓ 58 3 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Sparta, Missouri

FATHER 13. NAME Henry W. Adred
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta, Missouri

MOTHER 15. MAIDEN NAME Fannie Loveland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) J. R. Crain
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Castlawn DATE May 7, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Meyer
Springfield, Mo.

20. FILED May 7, 1938 Chas. J. Berger Local Registrar. 280

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938 to May 6, 1938

I last saw him alive on May 5, 1938 Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus - primary
Other contributory causes of importance: no

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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. no

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W. J. Walsh, M. D.
Springfield, Mo.

Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.