

13 MAR 13 1939

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

6568

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
(b) Township Springfield Primary Registration District No. 2001
(c) City Springfield (d) Street No. Burge Hospital 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

(a) Residence, No. Walnut from Mrs R B St. Walnut from R B
(Usual place of abode, if no street address, write county or city) (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) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. J. Acers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 24 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 72 11 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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) Missouri

13. NAME James Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Elizabeth Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Ralph Acers
Springfield Mo Rv

18. BURIAL, CREMATION, OR REMOVAL PLACE Cave Spring DATE Feb - 27 - 1939

19. FUNERAL DIRECTOR (ADDRESS) Arthur O Knapp
Walnut from Mrs R B

20. FILED Feb 24 1939 Chas A George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1939 to Feb. 23 1939

I last saw her alive on Feb 23 1939. Death is said to have occurred on the date stated above, at 3:15 a m.

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

Pneumonia
bronchial 2/19/39

Other contributory causes of importance:
Influenza 11/13/39

Name of operation ✓ Date of ✓
What test confirmed diagnosis? clinical 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.

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Arthur O Knapp M. D.
(Signed) Arthur O Knapp (Address) 400 W. E. Connel St.
Springfield, Mo.

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, Genea Brinn, Licensed Embalmer No. 2664

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Genea Brinn.

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Genea Brinn,
Licensed Embalmer No. 2664

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.)