

Registration District No. 322

Primary Registration District No. 322 5446

Registrar's No. 15

1. PLACE OF DEATH:

- (a) County GREENE
(b) City or town RURAL - FRANKLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County GREENE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R # 5 FRANKLIN TWS.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MARY JANE McCORDY
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT. 1 1855
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 2 If less than one day _____
hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business IN HOME

12. Name WILLIAM BERRY

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

14. Maiden name MARTHA LATHAM
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Rosa M. Curdy

(b) Address R # 5

17. (a) BURIAL (b) Date thereof SEPT. 5 - 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. COMFORT

18. (a) Signature of funeral director J. W. Klingman & Co.

(b) Address SPRINGFIELD MO.

19. (a) SEP 5 - 1939 (b) Allan Barnes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 3, 1939
year 12 hour 50 minute P. M.

21. I hereby certify that I attended the deceased from July 7 -
1939, to Sept 3 - 1939;
that I last saw her alive on Aug 20 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke Senescent sync.

Due to age

Due to 1625

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place) (e) Means of injury

23. Signature J. F. Frimout (M. D. or other)

Address Springfield Mo. Date signed 8/6/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
U. S. G. P. 161911

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 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. 232
working under my personal supervision.

Signed Warren D. Roblett

Licensed Embalmer No. 4005

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, above space should be left blank.