

DEC 1 1939

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

39676
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 321. ~~318~~
 (b) Township Springfield Primary Registration District No. 5445 Registered No. 84
 (c) City SPRINGFIELD (d) Street No. Route 2 Rogersville, Mo. 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. Route 2 Rogersville, Mo. (Usual place of abode, if no street address, write county of 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 Ed. D. Duwin (Dec 11, 1932)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 6 20
 OCCUPATION 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. at home
 10. Date deceased last worked at this occupation (month and year) Nov 9, 1939 11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hymnray, Ohio

FATHER 13. NAME Samuel F. Batters

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

MOTHER 15. MAIDEN NAME Mary Snow

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

17. INFORMANT (ADDRESS) Almeda Owens, Route 2, Rogersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Heber Springs, Ark Nov 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. S. Schumaker, Springfield, Mo.

20. FILED Dec 8 1939 Mrs. Pearl Hughes Mitchell, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1939, to Nov 15, 1939

I last saw her alive on Nov 9, 1939 Death is said to have occurred on the date stated above, at 3 38 m.

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

Chronic Parenchymatous Nephritis Date of onset 131

Other contributory causes of importance: Senile Debility

Name of operation none Date of 15

What test confirmed diagnosis? X Was there an autopsy? X

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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) J. H. Wall M. D.

(Address) Rogersville, 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 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 *Wayne Hinkle*

Licensed Embalmer No. *3444*

P. O. Address *Springfield*

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.

