

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.

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: Travis
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene
(c) City or town Springfield, Missouri
(d) Street No. 2101 North Iron
(e) If foreign born, how long in U. S. A? _____ years

3. (a) PRINT FULL NAME Joanna Lookey
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife J. S. Lookey 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased August - 16 1864

8. AGE: Years 75 Months 3 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Greene Co Missouri

10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business _____
12. Name Nathan Trentham
13. Birthplace Unknown
14. Maiden name Jane Graves
15. Birthplace Unknown

16. (a) Informant's own signature Thomas D Lookey
(b) Address 204 Vernon Mo
17. (a) Burial (b) Date thereof Dec 6, 1939
(c) Place: burial or cremation Greenleaf Cemetery
18. (a) Signature of funeral director Becca Brown
(b) Address Walnut Grove Mo
19. (a) Dec 5 1939 (b) Chas. A. George

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 3 year 1939 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on 12-3, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 12-3-39
Due to arteriosclerosis
Due to senility
Other conditions gill's
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
Signature R. M. White (M. D. or other) MD
Address Greenleaf County Date signed _____

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.....

J. B. Birch

Licensed Embalmer No. 3856

P. O. Address Ark Grove 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.

X