

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 St. Johns Hospital
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days 11 1/2

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Greene
 (c) City or town Springfield
 (d) Street No. R # 8
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME MABEL E. BUSSARD.
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 6
 year 1939 hour 10 minute 15 A.M.
 21. I hereby certify that I attended the deceased from Dec 7
1939, to Dec 6 1939;
 that I last saw her alive on Dec 6 1939;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Glenn Bussard
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 21-1911
 (Month) (Day) (Year)

Immediate cause of death Intestinal obstruction from Peritonitis (adhesions following operation 1 1/2 months ago)
 Due to Post operative obstruction
 Duration _____

8. AGE: Years 28 Months 4 Days 15
 If less than one day _____ yr. _____ min.

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace Mo.
 10. Usual occupation House wife
 11. Industry or business In Home
 12. Name James E. Traubach
 13. Birthplace Mo.
 14. Maiden name Rene B. Durham
 15. Birthplace Mo.

Major findings: Obstruction in proximal portion of ileum
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Glenn B. Bussard
 (b) Address R# 8 Springfield, Mo.
 17. (a) Burial (b) Date thereof Dec 9 1939
 (c) Place: burial or cremation Patterson Cemetery
 18. (a) Signature of funeral director J. W. Suggs
 (b) Address Springfield, Mo.
 19. (a) DEC 7 1939 (b) Charles A. George
 (Date received local registrar) (Registrar's Signature)

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? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) (g) Means of injury _____
 Signature Joseph J. Lamm (M. D. or other) MD
 Address Springfield, Mo Date signed 12-7-39

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 Robert Isaacs

Licensed Embalmer No. 1763

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.

X