

Registration District No. 319

Primary Registration District No. 2001

Registrar's No. 340

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution:
511 E. Monroe
(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 7 1/2

3. (a) PRINT FULL NAME Anna Lee Leta McMaster
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C. W. McMaster 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1926 Dec. 16 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Clark Co. Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

MOTHER FATHER { 12. Name Jessie Milnes
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Snider
15. Birthplace Perryman (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eva Mae Mason
(b) Address 511 E. Monroe

17. (a) Burial (b) Date thereof April 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Siloam Springs, Ark.

18. (a) Signature of funeral director E. P. Byrath
(b) Address Siloam Springs, Ark.

19. (a) 4/7/40 (b) Chas. H. George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County Benton
(c) City or town Siloam Springs
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 6
year 1940 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb 15, 1939, to April 6, 1940; that I last saw her alive on April 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration Several months

Due to _____
Due to _____

Other conditions Fracture left hip 14 months
(Includes pregnancy within 3 months of death)
Senility

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 14 Months ago

(c) Where did injury occur? Siloam Springs, Ark.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
290 Well at home
(Specify type of place) (e) Means of injury _____

23. Signature Daniel L. Yancy (M. D. or other) MD
Address 500 Holland Blvd Date signed 4-8-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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