

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Springfield mo
(b) City or town Springfield mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Babcock Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
Specify whether
In this community 537
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone
(c) City or town Galena Mo, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1940 hour None minute 25 P.M.

21. I hereby certify that I attended the deceased from 7-28-40
_____, 19____, to 7-31-40, 19____;
that I last saw her alive on 7-31-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Illeg colitis

Duration

1 wk

Due to _____

Due to _____

Other conditions Toxic Encephalitis
(Include pregnancy within 3 months of death)

1/2 wk

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?
984
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Urban Duch (M. D. or other) _____
Address Springfield Mo Date signed 8-1-40

3. (a) PRINT FULL NAME Simla Lee Rantzy
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race re 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 12 1939
(Month) (Day) (Year)

8. AGE: Years 10 Months 8 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Alberta Rantzy
13. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Stultz
15. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Alberta Rantzy

(b) Address Galena Mo, R.R.

17. (a) Buried (b) Date thereof Aug 3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cem

18. (a) Signature of funeral director T. B. Chaffin

(b) Address 207 E. 7th St

19. (a) Aug 2, 1940 (b) W. E. Naudley
(Date received local registrar) (Registrar's signature)

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

9
3
6

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.....

T. B. Chaffin

Licensed Embalmer No.....

2192

P. O. Address.....

Cogark Inc

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.

J