

FILED SEP 16 1940 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 701

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian
(c) City or town Nixa (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 Aug day 24
year 1940 hour 7 minute 0 A. M.
21. I hereby certify that I attended the deceased from Aug 21
1940, to Aug 24, 1940
that I last saw h. or alive on Aug 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid
Duration 6 days
1 wk

Due to _____
Due to _____
Other conditions (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? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at work? (Specify type of place)
(e) Means of injury _____
Signature Ray D. Callaway (M. D. or other) _____
Address Springfield Date signed 8/24/40

3. (a) PRINT FULL NAME Anna Bell Harding

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased July 10 - 1922
(Month) (Day) (Year)

8. AGE: Years 18 Months 1 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER { 12. Name Rasco C. Harding
18. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)
14. Maiden name Hertie Tennant
15. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Rhea
(b) Address Nixa, Mo

17. (a) Burial (b) Date thereof Aug 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Delaware - cemetery

18. (a) Signature of funeral director T.W. Maples
(b) Address C. Lever - Mo

19. (a) Aug 26 1940 (b) H. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

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

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.W. Maples

Licensed Embalmer No. _____

2985

P. O. Address _____

Clever 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