

Registration District No. 3/100

Primary Registration District No. 2001

Registrar's No.

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: St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Hours
(Specify whether years, months or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 756 E. Elm, St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6
year 1940 hour 5 minute p. M.

21. I hereby certify that I attended the deceased from Nov 6, 1940 to Nov 6, 1940
that I last saw her alive on Nov 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension
arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) g20

Major findings: Of operations _____
Of autopsy _____

Duration

PHYSICIAN

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? _____

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

23. Signature G. Powell (M. D. or other)
Address Springfield Mo Date signed 11-7-1940

3. (a) PRINT FULL NAME Mrs. Margret Lanigan

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Thomas Lanigan 6. (c) Age of husband or wife if alive See years

7. Birth date of deceased June 24 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Kittingham Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name James McEnany

13. Birthplace Unknown Ireland
(City, town or county) (State or foreign country)

14. Maiden name Margaret Anthony

15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Lanigan

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Nov. 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 11-8-40 (b) W.F. Handley md
(Date received local registrar) (Registrar's signature)

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

7
3
0

DEC 1 1940

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

Walter E. Hamilton

Licensed Embalmer No.

3808

P.O. Address

Springfield, 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