

Registration District No. **518**

Primary Registration District No. **2001**

39
3
6

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

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 **914 - E - Lynn**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **914 - E - Lynn**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

VIRGINIA J. WARD

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

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

6. (b) Name of husband or wife **Oliver Ward** 6. (c) Age of husband or wife if alive **63 years**

7. Birth date of deceased **Sept 21 1889**
(Month) (Day) (Year)

8. AGE: Years **57** Months **2** Days **26** If less than one day hr. _____ min. _____

9. Birthplace **Longview Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business _____

12. Name **Greene Jones**

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

14. Maiden name **Ann Turner**

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

16. (a) Informant **Mr. Oliver Ward**

(b) Address **914 - E - Lynn**

17. (a) **Burial** (b) Date the body **12-19-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woods**

18. (a) Signature of funeral director **H. B. Smith**

(b) Address **702 - W - Jefferson**

19. (a) **12-19-40** (b) **H. E. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **17th**
year **1940** hour **3** minute **30** M.

21. I hereby certify that I attended the deceased from **October 31st** 19**40**, to **December 17** 19**40**;

that I last saw her alive on **December 14** 19**40**; and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis of Lungs** Duration **5 mos.**

Due to _____
Due to _____

Other conditions **Bronchopneumonia** **5 days**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **none**

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? **yes**
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
Signature **James B. Clark** (M. D. or other) !
Address **2800 N. Summer** Date signed _____

SEP 17 1946

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.....

H. V. Smith....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*H. V. Smith*.....

Licensed Embalmer No. *3324*

P. O. Address *702-N-Jefferson*

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.