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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42565

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 1041

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: 851 N. Jefferson (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 2

In this community One Year

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. 851 North Jefferson Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Eva Christine Gustafson.

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 Married

6. (b) Name of husband or wife John A. Gustafson

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan (Month) 20th (Day) 1878 (Year)

8. AGE: Years ✓ 62 Months II Days 9 If less than one day ___ hr. ___ min.

9. Birthplace Independence (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Rubin G. Eppler
13. Birthplace Unknown (City, town, or county) Pa (State or foreign country)

MOTHER
14. Maiden name Sabra M. Moore.
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant John A. Gustafson

(b) Address 851 North Jefferson Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 30 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Mo.

19. (a) 12-30-40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day December year 1940 hour 1/35 A.M. minute 35 A.M.

21. I hereby certify that I attended the deceased from 12-1-, 1940, to 12-29, 1940, that I last saw her alive on 12-28, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Right Hip

Due to Accident fell on floor at house

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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) Accident

(b) Date of occurrence 10-29-40

(c) Where did injury occur? Springfield (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? fell on floor at home (Specify type of place)

While at work? (e) Means of injury

23. Signature W. Kelly (M. D. or other)

Address Springfield Date signed

(Licensed Embalmer's Statement on Reverse Side)

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: Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.