

No. 2
4-13-40
5-17-39
P. 1 X 60

MAR 11 1941

318

Primary Registration District No. 2001

Registrar's No. 138

9
2
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 801 N Rogers 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME TERRA TORRANCE
 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 Widow
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec years
 7. Birth date of deceased Feb 14 1845 (Month) (Day) (Year)

8. AGE: Years 96 Months 0 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Leesport Ind (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Unknown

12. Name Eliza Wheeler

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Ella Bowen

(b) Address Springfield Mo

17. (a) Burial (b) Date thereof Feb 19 1941 (Month) (Day) (Year)

(c) Place of burial or cremation Springfield National Cemetery

18. (a) Signature of funeral director W. E. Hurdley

(b) Address Springfield Mo

19. (a) 2-19-41 (Date received local registrar) (b) W. E. Hurdley (Registrar's signature)

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. 801 N Rogers (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1941 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from 2-7-1941 to 2-17-1941 that I last saw her alive on 2-16-1941 and that death occurred on the day and hour stated above.

Immediate cause of death Chronic Capillary Nephritis Duration _____
Chronic Capillary Nephritis
Chronic Capillary Nephritis

Due to Chronic Capillary Nephritis

Due to Chronic Capillary Nephritis

Other conditions (Include pregnancy within 3 months of death) 1941

Major findings: Of operations _____

Of autopsy _____

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? _____

(Specify type of place) _____

While at work _____ Means of injury _____

23. Signature W. E. Hurdley (M. D. or _____)
 Address 450 1/2 N. Council St Date signed 2/17/41

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 _____

Licensed Embalmer No. 4071

P. O. Address _____

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, fact should be so stated above.