

No. 2
4-13-40
5-17-39
I X FILE

MAR 11 1941 318
Registration District No. _____

Primary Registration District No. 2001

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 _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME ELLA S. Mc NABB
 3. (b) If veteran, name war NONE
 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 Jess Mc Nabb
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Feb 16 1879
 (Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 5 hr. _____ min.

9. Birthplace Brownsville Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business House Work

12. Name James Peter

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

14. Maiden name Anna Johnson

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

16. (a) Informant James Peter

(b) Address Memphis Tenn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-41
 (Month) (Day) (Year)

(c) Place: burial or cremation Willow Springs Mo

18. (a) Signature of funeral director J. W. Handley
 (b) Address Springfield Mo.

19. (a) 2-23-41 (Date received local registrar) (b) J. W. Handley (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. 1049 S. Broadway
 (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 21
 year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-27-41
 to 2-21-41, 1941, to 2-21-41, 1941
 that I last saw her alive on 2/20/41
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Appendicitis above with paralytic ileus
 Duration 2 1/2
2/21/41

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

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? at

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

Signature J. E. Fuller (M. D. or other) D

Address Springfield Mo Date signed 2/24/41

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

19
2
6

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.....

Clarence D. Noblett

Licensed Embalmer No. *4095*

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, fact should be so stated above.

X