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(25)

AUG 11 1941 318

State File No. _____
Registrar's No. 595

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: Burge 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 Flora Hawley

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife John C. Hawley 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December 12, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	53	7	8	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business In Home

12. Name Newton McClellan

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

14. Maiden name Unknown

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

16. (a) Informant Mr. John C. Hawley

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 7/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellevue Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 7-22-41 (b) W. E. Staudley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 039

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 354 N. Warren
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1941 hour 3:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from 7-12-41
_____, 19____, to 7-20, 1941

that I last saw her alive on 7-19, 1941
and that death occurred on the date and hour stated above.

Immediate Cause of death _____

Ruptured Appendix

Due to _____

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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) _____

(e) Means of injury _____

Signature Nancy F. ... (M. D. member) _____

Address 450 1/2 E. ... Date signed 7-21-41

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

AUG 4 1947

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

Lewis G. Scherpf

Licensed Embalmer No.

3802

P. O. Address

Springfield, Mo.

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

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