

FILED SEP 10 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28344

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 705

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

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution St. Johns Hosp.  
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

8. (a) PRINT FULL NAME CORA A. PRINCE

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 married  
6. (b) Name of husband or wife Prover Prince 6. (c) Age of husband or wife if alive Unknown  
7. Birth date of deceased Feb. 2 1888  
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 27 If less than one day hr. min.

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

10. Usual occupation housewife  
11. Industry or business General housework

MOTHER FATHER { 12. Name Charles K. Nottingham  
13. Birthplace Unknown Ill  
14. Maiden name Freda A. Holmes  
15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Prover Prince  
(b) Address Walnut Grove Mo  
17. (a) Burial (b) Date thereof Sept-1-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greene County  
18. (a) Signature of funeral director Robert Lynn  
(b) Address Walnut Grove Mo  
19. (a) 8-30-41 (b) W. E. Haudley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 084  
(c) City or town Walnut Grove 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 year.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29  
year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 22  
1941, to Aug 29, 1941;  
that I last saw him alive on Aug 29, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Suppression of urine Duration 72 hrs

Due to Bowel obstruction from 48 hrs

Due to Gangrene of Bowel

Other conditions 123:1  
(Include pregnancy within 3 months of death)

Major findings: Infarction of 25cm  
Of operations loop of ileum  
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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_  
(a) Means of injury Robert Lynn (M. D. or other) Mo  
Signature \_\_\_\_\_ Date signed 8/29/41  
Address Springfield

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.....

*Edward Wright*

Registered Apprentice No. *299*

working under my personal supervision.

Signed

*Grace A. Brown*

Licensed Embalmer No. *7664*

P. O. Address *W. 1st St. Iron Mt.*

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.

X