

DEC 15 1941 318

State File No. _____

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 922

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: Burge Hospital
(d) Length of stay: In hospital or institution 15 days
In this community 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk
(c) City or town Rural -
(d) Street No. Near Bolivar -
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Seiner, Miss Nora Lee

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased March 23 1897

8. AGE: Years 1 44 Months 8 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Polk, Mo.

10. Usual occupation Telephone operator

11. Industry or business _____

MOTHER FATHER { 12. Name G. L. Seiner
13. Birthplace Rural Tenn.
14. Maiden name Eliza Waggoner
15. Birthplace Near Nashville - Tenn.

16. (a) Informant Earnest Seiner

(b) Address Bolivar, Mo.

17. (a) removal (b) Date thereof Nov. 25, 1941

(c) Place: burial or cremation Bolivar, Mo.

18. (a) Signature of funeral director HUTCHESON & CO.

(b) Address Bolivar, Missouri

19. (a) 12-25-41 (b) W. E. Handley MD

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1941 hour 7 minute 29 P.M.

21. I hereby certify that I attended the deceased from Nov. 5, 1941
to Nov. 25, 1941
that I last saw her alive on Nov. 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death intestinal obstruction
due to adhesions

Due to Chronic appendicitis
with adhesions

Due to _____
Other conditions (Include pregnancy within 3 months of death) 12-25

Major findings: Of operations intestinal obstruction

Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury 0

23. Signature W. E. Handley (M. D. or other) _____
Address Bolivar, Mo. Date signed 12-4-41

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

39
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 *Frank Grable Jr*

Licensed Embalmer No. *4140*

P. O. Address *Bolivar, 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