

FILED FEB 13 1942  
3182

State File No. ....

Registration District No. ....

Primary Registration District No. 2001

Registrar's No. 51

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

1. PLACE OF DEATH: **GREENE**

(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 Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days  
(Specify whether years, months or days)

In this community 12 Years

3. (a) PRINT FULL NAME Sarah Todd H'Doubler

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: Charles Wright H'Doubler

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased: April 12 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>8</u>	hr. min.

9. Birthplace Cottage Grove / Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

MOTHER FATHER { 12. Name Manaligus Bowden Todd

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

14. Maiden name Harriett Newell Hood

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

16. (a) Informant Dr. Francis T. H'Doubler

(b) Address Springfield, Mo.

17. (a) Cremation (b) Date thereof Jan. 23, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 1-23-42 (b) W. W. Handy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1008 S. Fremont  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20  
year 1942 hour 1 minute 45 a.m.

21. I hereby certify that I attended the deceased from January 14, 1942 to January 20, 1942  
that I last saw her alive on January 19, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pneumonia Duration 3 days.

Due to Cerebral Arteriosclerosis 3 years.

Due to

Other conditions Cerebral Arteriosclerosis 3 years.  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 108  
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

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) (e) Means of injury

23. Signature Lester R. West (M. D. or other) 0  
Address Springfield, Mo. Date signed 1/23/42

**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 *Walter E. Hamiller*  
Licensed Embalmer No. *3808*  
P. O. Address *Springfield, Me*

**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.**