

Registration District No. 318

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: ST. JOHN'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene ³⁹

(c) City or town Springfield, Mo. Rural N. Campbell
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 10
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME EMMA WINONA RASNIC

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1942 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from December 26, 1941, to March 16, 1942
that I last saw her alive on March 16, 1942
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or face WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased: Nov. 17 1894
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of ovary (adenocarcinoma) 6 mos

Due to _____

Due to 49a

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

8. AGE: Years 47 Months 4 Days 29 hr. _____ min.

9. Birthplace Lawrence Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business In home

12. Name Van V. Mymatt

13. Birthplace Lawrence Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Leigh

15. Birthplace Macon Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence F. Rasnic

(b) Address R#10 Springfield, Mo.

17. (a) Funeral (b) Date thereof April 18-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dunkle Cemetery

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield, Mo.

19. (a) 4-18-42 (b) D. W. S. Handley
(Date received local registrar) (Registrar's signature)

Major findings: Carcinoma (12/27/41)

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Leopold Hagibaum (M. D. or other) _____
Address Halloweday Springfield Date signed 4/17/42

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

9
2
1942

MOU 3

MAY 11 1942

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 *Max Rhodes*

Licensed Embalmer No. *4076*

P. O. Address *Springfield*

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.

Y