

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield Mo

(c) Name of hospital or institution: 1094 E. Central St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield

(d) Street No. 1094 E. Central

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Miss Jamie Farmer

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 19 to 19; that last saw alive and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

4. Sex Female race W.

5. Color or W.

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased May 25 1859
(Month) (Day) (Year)

Due to Unattended by Physician

Other conditions (include pregnancy within 3 months of death) 94 P

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>0</u>	<u>21</u>	hr. min.

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

10. Usual occupation House Keeper

11. Industry or business

12. Name Allen Tilden

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

14. Maiden name Lucy Tilden

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

16. (a) Informant Chesby Patterson

(b) Address Raymondville Mo

17. (a) Buried (Burial, cremation or removal)

(b) Date thereof June 18 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Dodson County

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Quark Mo.

19. (a) 6-18-42 (Date received local registrar)

(b) W. S. Luddy (Registrar's signature)

Major findings: 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 W. E. Handley (M. D. or other)

Address Springfield Mo Date signed 6/18/42

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

6 2 9

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: *T. B. Chaffin*

Licensed Embalmer No. *2182*

P. O. Address: *Ozark, 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.

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