

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 521

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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: 214 W. Mt. Vernon  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 months  
(Specify whether years, months or days)  
In this community 4 months

3. (a) PRINT FULL NAME SARAH JANE KELTNER  
(b) If veteran, name war none  
(c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
(b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased September 12, 1855  
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 2  
If less than one day hr. min.

9. Birthplace Fayetteville, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation None  
11. Industry or business None  
12. Name David Simson  
13. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Eliza Norton  
15. Birthplace Unknown Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis N. Raga  
(b) Address Ponce de Leon

17. (a) Burial (b) Date thereof 7/ 16/ 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Payne

18. (a) Signature of funeral director Fred C. Thieme  
(b) Address Springfield, Mo.

19. (a) July 16, 1942 (b) W. H. Hauler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 22  
09  
(a) State Missouri (b) County Christian  
(c) City or town Nixa  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1942 hour 8:45 minute A -   M.

21. I hereby certify that I attended the deceased from May 15, 1942 to July 14, 1942 that I last saw her alive on July 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer, Uterine

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
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? \_\_\_\_\_ (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 work)  
(e) Means of injury \_\_\_\_\_

23. Signature W. H. Hauler (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 7. 14. 42

Duration Don't know  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

HSP

**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..... *R. H. Thomas*.....

Licensed Embalmer No..... 3681.....

P. O. Address..... Springfield, 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