

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1107 E. Brower /
(If not in hospital or institution, write street number or location)

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

In this community 3 years

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. 1107 E. Brower
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME NANCY ELLEN GRUVER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Samuel B. Gruver

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased September 6, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>78</u>	<u>11</u>	<u>2</u> hr. _____ min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name Joe Christian

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

14. Maiden name Nancy J. Ketchum

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

16. (a) Informant Mrs. C. R. Madans

(b) Address 1107 E. Brower Spfd., Mo.

17. (a) Burial (b) Date thereof 8/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Mo.

19. (a) 8-10-42 (b) Dr. W. S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th
year 1942 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from 8-7, 1942, to 8-8, 1942,
that I last saw her alive on 8-7, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 8 hrs.

Due to Arterio-sclerotic-vascular disease

Due to _____

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

Major findings: Of operations 1/2/a

Of autopsy _____

Duration

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 _____

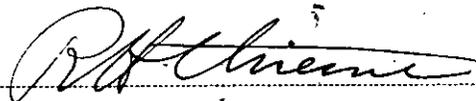
23. Signature Dr. W. S. Handley (M. D. or other) M.D.

Address Springfield, Mo. Date signed 8-9-42

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.....



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.

