

FILED DEC 1 8 1942

Registration District No.

Primary Registration District No.

527 5324

Registrar's No.

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Bourbon, (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Bourbon, (Rural)
(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.? 0 years.

3. (a) PRINT FULL NAME Katherine Agnes Springs E

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 20, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Sangamon Co., Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name John Irwin

18. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Duhigg

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

16. (a) Informant Raymond Springer
(b) Address Bourbon, Missouri.

17. (a) Burial (b) Date thereof 12/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Cemetery Bourbon

18. (a) Signature of funeral director Phos. S. Shaffer
(b) Address Sullivan, Missouri

19. (a) Dec. 8 1942 (b) C. W. Adams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 4 1942 to DEC 7 1942
that I last saw her alive on DEC 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death lobar Pneumonia

Due to _____
Due to _____

Other conditions Cardia Insufficiency, Chronic
(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 place) (e) Means of injury _____

23. Signature E. S. Adams (M. D. or other) _____
Address Bourbon, Mo Date signed 12-8-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

28
00

RECEIVED

District Health Officer No. 5,

District File Number

12421071

Date Filed

12-16-42

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 Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan 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, above space should be left blank.