

FILED MAR 6 1943
Registration District No. **2000**

Primary Registration District No. **2000**

39
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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**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2256 N. NATIONAL AVE.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **GREENE**

(c) City or town **SPRINGFIELD**
(If outside city or town limits, write "RURAL")

(d) Street No. **2256 N. NATIONAL**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT **LIZZIE MC NUTT**
FULL NAME

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **16**
year **1943** hour **1** minute **40 P. M.**

21. I hereby certify that I attended the deceased from **January 23rd**, 1943, to **Feb 16**, 1943,
that I last saw her... alive on **Feb 12**, 1943,
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **JOHN R. MC NUTT**

6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **OCT. 27 1872**
(Month) (Day) (Year)

Immediate cause of death.....
CHRONIC MYOCARDITIS and Nephritis.

Duration

8. AGE: Years Months Days If less than one day

70 3 19 hr. min.

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) **1312**

9. Birthplace **BLUNT CO. TENN**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **IN HOME**

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **SAMUEL RICHARDS**

13. Birthplace **BLUNT CO TENN**
(City, town, or county) (State or foreign country)

14. Maiden name **AMANDA HARRALSON**

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

16. (a) Informant **JOHN R. MC NUTT**

(b) Address **SPRINGFIELD MO.**

17. (a) **Burial** (b) Date thereof **Feb 18, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood Cem**

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

(b) Address **SPRINGFIELD MO.**

19. (a) **2-17-43** (b) **D. W. Handley**
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury.....

23. Signature **D. F. Youell Jr** (M. D. or other) **DO**
Address **234 1/2 - E. Commercial St** Date signed **3/16/43**
Springfield 1018-190 W

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.....

J. B. Kingman

Licensed Embalmer No. *3358*

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.