

FILED MAR 26 1943

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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:
1401 W. Phelps
(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) (Specify whether)

3. (a) PRINT FULL NAME Nancy R. Holloway

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased March 28 1850
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<input checked="" type="checkbox"/> 92	<u>11</u>	<u>10</u>	hr. min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Thomas Martin

(b) Address Springfield, Mo.

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

(b) Date thereof March 17, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Washwood

18. (a) Signature of funeral director H. A. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 3-16-43 (Date received local registrar)

(b) H. W. Handley (Registrar's signature)

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. 1401 W. Phelps
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1943 hour 4 minute p. M.

21. I hereby certify that I attended the deceased from Mich. 7 1943 to Mich. 8 1943
that I last saw her alive on 3-7-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency

Due to General Arteric-sclerosis

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 _____

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 H. W. Handley (M. D. or other)

Address 432 Med. Arts Bldg. Date signed 3-7-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Walter E. Hamilton*.....

Licensed Embalmer No..... 3808.....

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.