

128

2465

198

X2839

FILED MAR 26 1943

Registration District No. 1345

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Rural in fields N. Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pearl Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Several months
(Specify whether
In this community Lifetime
years, months or days)

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. West College
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1943 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from 3, 2, 43 19 to 3, 3, 43 19
that I last saw her alive on 3, 2, 43 19
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, cerebral Duration 48 hrs

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
(c) Means of injury
23. Signature [Signature] (M. D. or other)
Address Springfield, Mo. Date signed

3. (a) PRINT FULL NAME

Dora Mitchell

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

4. Sex Female 5. Color or race W 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 Dec 5 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>2</u>	<u>28</u>	hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Housekeeper

12. Name Harden Fullerton

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

14. Maiden name Caroline Fullerton

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

16. (a) Informant Mrs. J. H. Mitchell

(b) Address Baltimore Maryland

17. (a) Burial (b) Date thereof 3-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address Springfield, Mo.
19. (a) 3-6-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

Body was Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed *Frank Grable Jr.*

Licensed Embalmer No. *4120*

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.

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