

**FILED MAR 27 1943 128**  
Registration District No. **310**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Springfield**

(c) Name of hospital or institution: **913 Kings**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**  
(Specify whether years, months or days)

In this community **25 years**  
(Specify whether 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. **913 Kings**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Mary Ellen Rathbone**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16th**  
year **1943** hour **8:45** minute **P.M.**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **John T. Rathbone**

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

7. Birth date of deceased **November 19, 1860**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 1940** to **March 16 1943**  
that I last saw her alive on **March 16 1943**  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<b>82</b>	<b>3</b>	<b>27</b>		hr. min.

Immediate cause of death **Chronic Tubercular Heart Disease**

Due to

Due to

Other conditions **Aquas**  
(Include pregnancy within 3 months of death)

9. Birthplace **Phelps County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **In Home**

Major findings: Of operations

Of autopsy **None**

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business **At Home**

12. Name **John W. Waits**

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

14. Maiden name **Mary Jane Butoff**

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **NO**

(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?

16. (a) Informant **Miss Mabel A. Rathbone**

(b) Address **Springfield, Missouri**

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

(c) Place: burial or cremation **Maple Park Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **3-18-43** (b) *Dr W. H. Hurdley*  
(Date received local registrar) (Registrar's signature)

23. Signature *Robert Williams* (M. D. or other)

Address **Springfield Mo** Date signed **3/18/43**

**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 Lewis G. Scharf  
Licensed Embalmer No. 3802  
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.**