

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 538

1. PLACE OF DEATH:

(a) County Green

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 834 Kansas  
(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. 834 S. Kansas  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louella Robbins

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4<sup>th</sup>  
year 1943 hour 10: minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-8-  
1943, to 7-4- 1943  
that I last saw her alive on 6-28- 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or Colored

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

6. (b) Name of husband or wife unk.

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

7. Birth date of deceased Sept. 26 1864  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Edema, w.k.

Due to Hypertensive Heart Disease with complications 4 Mo. or

Due to Essential Hypertension

Other conditions Chr. nephritis  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace unk. Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business unk.

12. Name Nathan Johnson

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

14. Maiden name Lucy Cannery

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 131

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Nettie Dillard

(b) Address 834 S Kansas

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

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director J.P. Campbell

(b) Address 867 Wash Ave

19. (a) 7-6-43 (b) W.S. 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)

(e) Means of injury \_\_\_\_\_

23. Signature R. P. Jenkins (M. D. or other) M.D.

Address 305 College St. Date signed 7-6-43

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

29  
6

**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.....

*W. P. Campbell*

Licensed Embalmer No.....

*1747*

P. O. Address.....

*Springfield*

**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.