

ED SEP 25 1943
Registration-District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **GREENE**
Springfield

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

(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location) **0**

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

In this community **10 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **039**

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

(d) Street No. **521 S. Campbell**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Olevia Talley**

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

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

4. Sex **Female** | 5. Color or race **White** | 6. (a) Single, widowed, married, divorced. **Divorced** | 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **February 23, 1918**
(Month) (Day) (Year)

8. AGE: Years **25** Months **6** Days **9** | If less than one day hr. min.

9. Birthplace **Unknown** (City, town, or county) **South Dakota** (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business **Shoe Shop**

MOTHER FATHER { 12. Name **George A. Arnold**

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

14. Maiden name **Lora E. Wilkerson**

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

16. (a) Informant **Mrs. Dora Arnold**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9/5/43** (Month) (Day) (Year)

(c) Place: burial or cremation **East Lawn Cemetery**

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

(b) Address **Springfield, Missouri**

19. (a) **9-4-43** (Date received local registrar) (b) **W E Handley** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **2**, year **1943** hour **9:30** minute **P. M.**

21. I hereby certify that I attended the deceased from **no physician in attendance** 19 **19** and that death occurred on the date and hour stated above.

Immediate cause of death **Syncope**

Due to **Arricular fibrillation?**

Due to **64'**

Other conditions **Struck head when she fell**
(Include pregnancy within 3 months of death)

Major findings: **Of operations**

Of autopsy **Contusion of scalp**
Status Thymolymphatic

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) (r) Means of injury **?**

23. Signature **Harvey C. Stone** (M. D. or other)
Address **Springfield, Mo** Date signed **9-4-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No. *1764*

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.