

FILED NOV 24 1943

Registration District No. _____

Primary Registration District No. 2.000

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

1. PLACE OF DEATH:

GREENE

(a) County GREENE
(b) City or town SPRINGFIELD MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1907 W. ATLANTIC / ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 73 yr. 11 mo. 11 days (Specify whether 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. 1907 W. ATLANTIC ST.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ELIZABETH L. ALBERT

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

20. DATE OF DEATH, Month Nov. day 8th
year 1943 hour 2 minute 100 P.M.

21. I hereby certify that I attended the deceased from 10-27-43 19__ to 11-8-43 19__;
that I last saw him alive on 10-27-43 19__;
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
7. Birth date of deceased Nov. 27, 1869
(Month) (Day) (Year)

Immediate cause of death Chr. Myocarditis
De compensation

8. AGE: Years 73 Months 11 Days 11
If less than one day hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace SPRINGFIELD MO.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife
11. Industry or business In home

MOTHER FATHER
12. Name CHARLES DRAGER
13. Birthplace Unk. GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name REBECCA JANE POTTER
15. Birthplace Unk. TENN.
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Louis Burton
(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof Nov. 11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director J. W. Kingner & Co.
(b) Address SPRINGFIELD MO.

19. (a) 11-10-43 (b) W. 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 [Signature] (M. D. or other) _____
Address Springfield, Mo. Date signed 11-10-43

NOV 24 1944

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
.....
working under my personal supervision.

Registered Apprentice No.
Signed *May Rhodes*
Licensed Embalmer No. *407*
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.