

FILED NOV 24 1943 128
Registration District No.

Primary Registration District No. 2000

19
26

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: St. Johns Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution 4 days
 (Specify whether years, months or days)
 In this community Several years

2. USUAL RESIDENCE OF DECEASED: 39
 (a) State Missouri (b) County Greene 2
 (c) City or town Springfield, 6
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1346 N. Robberson
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No 0 years.

3. (a) PRINT FULL NAME Mary Jane Morton
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 13
 year 1943 hour 5 minute 05 P. M.

4. Sex F M
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Unk.
 6. (c) Age of husband or wife if alive Dec. years
 7. Birth date of deceased August 19th. 1878
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 12, 1943 to Nov 13, 1943
 that I last saw her alive on Nov 13 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 2 Days 24
 If less than one day hr. min.

Immediate cause of death Coronary Occlusion Duration 16 hr.

9. Birthplace Taney County Mo. 0
 (City, town, or county) (State or foreign country)

Due to Cardio-Vascular-Renal Disease

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 12/10

11. Industry or business None
 12. Name William Coulter
 13. Birthplace Unknown Unk. 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Coulter
 15. Birthplace Unknown, Unk. 9
 (City, town, or county) (State or foreign country)

Major findings: Of operations 12/10
 Of autopsy 12/10
 PHYSICIAN MD.
 Underline the cause to which death should be charged statistically.

16. (a) Informant Earl Morton
 (b) Address 1616 S W 30th. st. Okla City

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) None
 (b) Date of occurrence

17. (a) Burial (b) Date thereof Nov. 15, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hopewell cemetery, Near

(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? Tunas, Mo.
 While at work? (Specify type of place) (e) Means of injury

18. (a) Signature of funeral director Dunn Funeral Home
 (b) Address Springfield, Mo.
 19. (a) 11-16-43 (b) W. M. Handley
 (Date received local registrar) (Registrar's signature)

23. Signature W. M. Handley (M. D. or other) MD.
 Address Springfield Mo Date signed 11-16-43

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 *Clarence H. McCallister*

Licensed Embalmer No. *2891*

P. O. Address.....

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.