

FILED MAR 31 1944

Primary Registration District No. 6225

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 20 yrs & 5 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 2150 Irons St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lillie M. Rich

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb - day 25 - year 1944 hour 6 minute 15 a.m.

21. I hereby certify that I attended the deceased from Oct-6-1924 to 2-25-44, 19____, and that death occurred on the date and hour stated above.

4. Sex 7 5. Color or race W

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

6. (b) Name of husband or wife William Rich

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

7. Birth date of deceased Feb-12-1884
(Month) (Day) (Year)

Immediate cause of death Intestinal obstruction Duration 2 days

8. AGE: Years 60 Months _____ Days _____ If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions Dementia praecox 20 yrs
(Include pregnancy within 3 months of death)

9. Birthplace Missouri (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation Housewife

Major findings: Of operations none

Of autopsy no

Underline the cause to which death should be charged statistically.

11. Industry or business no

12. Name Horid Hill

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

14. Maiden name Jane Coffman

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

16. (a) Informant William Rich

(b) Address 2150 Irons Springfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-44 (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Frank M. Rogers

(b) Address Springfield Mo

19. (a) 2-25-44 (Date received local registrar) (b) Fazel B. Bewick (Registrar's signature)

23. Signature Frank M. Rogers (M. D. or other) _____

Address State Hospital #3 Date signed 2-25-44

MAR 9 1944

Order No. 7,
State No. 2-44-259
Date Filed 3-8-44

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

Mark Eichinger

Licensed Embalmer No.

2656

P. O. Address

Devala 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.