

FILED APR 10 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 262

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1104 East Scott
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 48 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1104 East Scott
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eva A. Fetter

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

4. Sex F M 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased May 29, 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 22
If less than one day hr. _____ min. _____

9. Birthplace Lima Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business _____

12. Name Daniel Fetter

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

14. Maiden name Janie Wollett

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

16. (a) Informant Mrs. Pearl Simmons

(b) Address 1041 Texas Ave, Springfield

17. (a) Burial (b) Date thereof Mch 23, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield, Mo

19. (a) 3-22-44 (b) W. H. Haudley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1944 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from Oct - 42 to Mar - 21 - 44
that I last saw her alive on March - 18 - 44
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of tongue Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 45 lb

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) While at work _____ (e) Means of injury _____

23. Signature Wm. F. ... (M. D. or other) _____

Address 4504 ... Date signed 3/27/44

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

MOTHER FATHER

984

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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.....

C. D. McRacken

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.

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