

FILED APR 28 1944

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 335

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(c) Name of hospital or institution **City Hospital**
(d) Length of stay: In hospital or institution **6 Weeks**
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** County **Greene 39**
(c) City or town **Springfield**
(d) Street No. **639 North Weaver**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Nanny Elizabeth Myers**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14**
year **1944** hour **6:10** minute _____ p.m.

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No.**

21. I hereby certify that I attended the deceased from **2-22** 19**44** to **4-14** 19**44**
that I last saw **her** alive on **4-14** 19**44**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color **White** 6. (a) Single, **widow**, divorced, _____
6. (b) Name of husband or wife **unk.** 6. (c) Age of husband or wife if alive **unk.** years
7. Birth date of deceased **April 3, 1857**
(Month) (Day) (Year)

Immediate cause of death **Carcinoma of Vulva**

8. AGE: Years **87** Months **0** Days **11** If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 8 months of death) **49d**

9. Birthplace **Webster Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **In Home**

11. Industry or business _____

12. Name **Benjamin Whittingburg**
13. Birthplace **Unknown** **unk. 9**
14. Maiden name **Sarah** **unk. 9**
15. Birthplace **Unknown** **unk. 9**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Hazel Baldwin**
(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **4-16-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenlawn**

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)
(If means of injury)

18. (a) Signature of funeral director **J. W. Klingner & Co.**
(b) Address **Springfield Missouri**

19. (a) **4-15-44** (b) **S. W. Handley**
(Data received local registrar) (Registrar's signature)

23. Signature **E. S. [unclear]** M.D.
Address **Spfld. Mo.** Date signed **4-15-44**

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

39
2
6

MOTHER FATHER

994

444

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.....

Max Rhodes

Licensed Embalmer No. *4071*

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.

X