

FILED JUN 8 1944

Registration District No. 138

Primary Registration District No. 2000

Registrar's No. 452

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 808 E. Page 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Three weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mac L. Griffith

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive see years  
7. Birth date of deceased Jan. 15th 1897 (Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Stuttgart Ark 1 (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name John A. Pifer  
13. Birthplace Howard Kan 1 (City, town, or county) (State or foreign country)  
14. Maiden name Emma D. Johnson  
15. Birthplace Industrie Ill. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Her Johnson  
(b) Address 808 E. Page Springfield Mo  
17. (a) Removal (b) Date thereat May 26-1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo  
18. (a) Signature of funeral director Ray Francis  
(b) Address Springfield Mo  
19. (a) 5-27-44 (b) W. Handley (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper  
(c) City or town Harvey Mo (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year about 3 hour 15 minute 7 P. M.  
21. I hereby certify that I attended the deceased from March 15, 1944, to May 26, 1944  
that I last saw her alive on May 26, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death General carcinomatous Duration 45mo+  
Due to Carcinoma of ovary 9 mo.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 49a  
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 Guy D. Callaway (M. D. or other) MD  
Address Springfield Mo Date signed 5/27/44

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

MOTHER FATHER

JUN 27 1948

MAY 19 1948

JUN 16 1948

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.....

*Minnie L. Welchel*

Licensed Embalmer No. *2277*

P. O. Address *Brunson 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.

X