

FILED OCT 24 1944
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 809

1. PLACE OF DEATH: GREENE
(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:
1126 E. DIVISION ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1126 E. Division (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME JULIA MATILDA PLASTER
3. (b) If veteran, name war. NONE
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 9 year 1944 hour 8 minute 20 A.M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife THOMAS H. PLASTER 6. (c) Age of husband or wife if alive 89 years FEB. 15 1883
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1944 to Oct 9 1944 that I last saw ~~her~~ alive on Oct 8 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 7 Days 24 If less than one day hr. min.

Immediate cause of death. Broncho-pneumonia Duration 3 weeks
Due to Chronic Bronchitis 10 months

9. Birthplace SOUTH FORK MO. D (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 107

10. Usual occupation House wife
11. Industry or business at home

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

MOTHER FATHER
12. Name John R. Bradford
13. Birthplace Nashville Tenn 1 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Club Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Thomas H. Plaster
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Oct 10-1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Last Springfield

18. (a) Signature of funeral director J. W. Klingner Mo.
(b) Address Springfield, Mo.

19. (a) 10-9-44 (b) Registrar's signature (Date received local registrar) (Registrar's signature)

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?

23. Signature J. D. Breton (M. D. or other) M.D. While at work? (Specify type of place) (e) Means of injury. Address Springfield Mo Date signed 10/9/44

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

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..... *Roy A. Gavin*
Licensed Embalmer No. *1763*
P.O. Address..... *Springfield, 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