

FILED OCT 24 1944

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 797

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:
Mary E. Wilson Home - 924 N. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 years
(Specify whether
In this community 1
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. Mary E. Wilson Home - 924 N. Main
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Maggie Caldwell Wear

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 William A. Wear 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased April 20, 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Abbingdon, Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation In Home

11. Industry or business

MOTHER FATHER { 12. Name N. L. Maiden
13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Emma Leckie
15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Maurice A. Wear
(b) Address Cincinnati, Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6, 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Cassville, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 9-5-44 (Date received local registrar) (b) by W. S. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3,
year 1944 hour 4: minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 30 1944 to October 3 1944
that I last saw him alive on October 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coroner of Ham on hosp 4 days
Due to Arteria sclerosis

Other conditions (Include pregnancy within 3 months of death) g32

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? _____

23. Signature W. S. Handley (M. D. or other) _____
Address 314 Academy Bldg Date signed 10/5/44

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

39
2
6

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 Keith Collier

Licensed Embalmer No. 3632

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.