

FILED DEC 7 1944
Registration District No. 2000

Primary Registration District No. 2000

Registrar's No. 869H

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 ST. JOHN'S HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 HR.
 (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County GREENE
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 755 E. Webster
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME LILLIE M. FITCH.
 3. (b) If veteran, name war NONE
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 2
 year 1944 hour 5 minute 40 A.M.
 21. I hereby certify that I attended the deceased from Mar 1944 to Nov 2 1944
 that I last saw her alive on Nov 1 1944
 and that death occurred on the date and hour stated above.

4. Sex FEMALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Nov. 27, 1887
 (Month) (Day) (Year)

Immediate cause of death: Cerebral Arteriosclerosis
 Duration 10 min

8. AGE: Years 56 Months 11 Days 5
 If less than one day hr. min.

Due to Cardio-Respiratory-Vascular
 Due to Dehydration

9. Birthplaceunk. MO: (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 131a
 Of operations
 Of autopsy

11. Industry or business In Home
 12. Nameunk. Garner A
 13. Birthplaceunk. Unknown (City, town, or county) (State or foreign country)
 14. Maiden nameunk. marler
 15. Birthplaceunk. Unknown (City, town, or county) (State or foreign country)

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) (Specify means of injury)

16. (a) Informant Homer Fitch
 (b) Address Springfield, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5, 44 (Month) (Day) (Year)
 (c) Place: burial or cremation East Lawn

23. Signature Max Fitch (M. D. or other) M.D.
 Address Springfield, Mo. Date signed 11-2-44

18. (a) Signature of funeral director J. W. Kingner
 (b) Address Springfield, Mo.
 19. (a) 11-17-44 (Date received local registrar) (b) O. W. Handley (Registrar signature)

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

39
26

MOTHER, FATHER

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 Ogle Stone Jr
Licensed Embalmer No. 4176
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.