

FILED DEC 7 1944
128

Registration District No.

Primary Registration District No. **2000**

Registrar's No.

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:
2529 N. BROADWAY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **78 Yr.** (Specify whether years, months or days)
In this community **78 Yr.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **GREENE 37**
(c) City or town **SPRINGFIELD**
(If outside city or town limits, write "RURAL")
(d) Street No. **2529 N. BROADWAY**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **✓**

3. (a) PRINT FULL NAME **MARY FLORENCE HALL**

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 **WIDOW**

6. (b) Name of husband or wife **UNK.** 6. (c) Age of husband or wife if alive **Dec. 1859** years (Day) (Year)

7. Birth date of deceased **OCT.** (Month) (Day) (Year)

8. AGE: Years **85** Months **1** Days **16** If less than one day hr. min.

9. Birthplace **UNION MO. U** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **At Home**

12. Name **George Holden**

13. Birthplace **York England U** (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Talbot**

15. Birthplace **York Va. U** (City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Hall**
(b) Address **Springfield Mo.**

17. (a) **Burial** (b) Date thereof **Nov 29-1944** (Month) (Day) (Year)
(c) Place: burial or cremation **Maple Park Cemetery**

18. (a) Signature of funeral director **J. W. King**
(b) Address **Springfield Mo.**
19. (a) **11-28-44** (Date received local registrar) **J. W. King** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **27** year **1944** hour **9** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **July 17, 1944 to Nov. 27, 1944** that I last saw her alive on **October 20, 1944** and that death occurred on the date and hour stated above.

Immediate cause of death: **Bronchitis Excessiva**

Due to **Senility**

Due to **1060**

Other conditions: **Blind** (Include pregnancy within 3 months of death)

Major findings: **None** Of operations

Of autopsy

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) (e) Means of injury _____

23. Signature **J. W. King** (M. D. or other) _____
Address **Springfield Mo.** Date signed **11-28-44**

Duration **2 min.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

39

2

47

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. *40710*

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