

FILED JAN 25 1945 **128**

Registration District No. \_\_\_\_\_ Primary Registration District No. **2000** Registrar's No. **28**

**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:  
**1030 CHERRY 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.** County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **# 2107 N. Missouri**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **MARY LOCKWOOD**  
(b) If veteran, name war **NO NE**  
(c) Social Security No. **NONE**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **JAN.** day **10**  
year **1945** hour **10** minute **55 A.M.**

**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. 10, 1858**  
**7. Birth date of deceased:** (Month) **MAY** (Day) **10** (Year) **1858**

**21. I hereby certify that I attended the deceased from** **JAN. 4** 19**45** to **JAN. 10** 19**45**;  
that I last saw h. **alive** on **JAN. 9** 19**45**;  
and that death occurred on the date and hour stated above.

**8. AGE:** Years **86** Months **8** Days **0** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death **CARDIO RENAL - VASCULAR DISEASE**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

**9. Birthplace:** **UNK. MINN.**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation:** **HOUSE WIFE**  
**11. Industry or business:** **AT HOME**

Other conditions (Include pregnancy within 3 months of death) **13/10**  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**12. Name:** **UNK. GLYNN**  
**13. Birthplace:** **UNK. unknown**  
(City, town, or county) (State or foreign country)  
**14. Maiden name:** **UNK. unknown**  
**15. Birthplace:** **UNK. unknown**  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**16. (a) Informant:** **CLAUDE LOCKWOOD**  
**(b) Address:** **103 N. MISSOURI - Springfield, Mo.**  
**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof:** **Jan 13, 1945**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Maple Park Cem**  
**18. (a) Signature of funeral director:** **J.W. Klingner Co.**  
**(b) Address:** **Springfield, Mo.**  
**19. (a) 1-11-45** (Date received local registrar) **(b) W.S. Handley** (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?  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
**23. Signature:** **May 1945** (M. D. or other) **MD**  
Address **Springfield, Mo.** Date signed **1-10-45**

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

9  
2  
6

MOTHER FATHER

988

42

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**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 Ogden Slone 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.**

X