

FILED APR 9 1945
128

Registration District No. _____

Primary Registration District No. 2000

19
2
6

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
In this community 3 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Lockwood
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Isard Etta Wiley
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20
year 1945 hour 5-7 minute 45 M.
21. I hereby certify that I attended the deceased from 3/12
1945 to 3/20 1945
that I last saw ex alive on 3/20 1945
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 Widowed
6. (b) Name of husband or wife UNK.
6. (c) Age of husband or wife if alive Del. years
7. Birth date of deceased Nov. 25, 1880
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis 3d
Duration _____
Due to _____
Due to _____
Other conditions Gall bladder disease 2 wks
(Include pregnancy within 3 months of death) choleliths

8. AGE: Years 64 Months 3 Days 25
If less than one day _____ hr. _____ min.

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

9. Birthplace Lockwood Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name C. G. Robinson
13. Birthplace UNK. Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Martha Merrell
15. Birthplace Lawrence County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James Wiley
(b) Address Lockwood, Mo.

17. (a) Burial (b) Date thereof 3/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lockwood, Mo.

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 3-21-45 (b) S. W. E. Handley
(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? _____

(Specify type of place)
While at work? _____ (a) Means of injury: _____
23. Signature Ray D. Callaway (M. D. or other) MD
Address Springfield Mo Date signed 3/20/45

APR 11 1945

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

Paul J. Robinson

Licensed Embalmer No. *2407*
P. O. Address *Princeton, N.J.*

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.