

FILED NOV 13 1945  
28

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 2000

Registrar's No. 856

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

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: 1908 N. JOHNSON  
(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. (b) County GREENE 39

(c) City or town SPRINGFIELD 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 1908 N. JOHNSON 6  
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPHINE CRAIG BEVIER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22  
year 1945 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from 10-22-  
1945 to 10/22/ 1945  
that I last saw her alive on 10-22/ 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 WIDOW 2

6. (b) Name of husband or wife UNK. 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased FEB. 13 1869  
(Month) (Day) (Year)

Immediate cause of death Myocarditis Chronic 2 yr.

Duration 2 yr.

8. AGE: Years 76 Months 8 Days 9 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

9. Birthplace LEBANON MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

Major findings: Of operations ASU

Of autopsy \_\_\_\_\_

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

11. Industry or business AT HOME

12. Name Edward J. Craig

13. Birthplace Lebanon MO.  
(City, town, or county) (State or foreign country)

14. Maiden name Murray Co. Tenn.

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Stenberg

(b) Address SPRINGFIELD MO.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Oct 24 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon MO.

(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? \_\_\_\_\_

18. (a) Signature of funeral director J. W. Lingner & Co.

(b) Address SPRINGFIELD MO.

19. (a) 10-23-45 (b) W. B. Heedley  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature O. E. Follen (M. D. or other) \_\_\_\_\_  
Address Springfield Mo. Date signed 10/22/45

**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..... *Roy A. Carvin*.....

Licensed Embalmer No. *1763*.....

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.**

X