

No. 2  
1-4-41  
1-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED FEB 21 1946

Primary Registration District No. 2000

Registrar's No. 47

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:  
O'Reilly General Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 days  
(Specify whether years, months or days)  
In this community 17 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 717 N. Roberson 6  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLENE E. WARE

3. (b) If veteran, name war None 3. (c) Social Security No. UNK.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased February 24, 1920  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>25</u>	<u>10</u>	<u>22</u>	hr. _____ min _____

9. Birthplace Paris Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Charlie Ervin

13. Birthplace Unknown UNK-9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Harrison

15. Birthplace Conway Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Ester Yates Williams

(b) Address Spanish field, mo.

17. (a) Burial (b) Date thereof 1-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Sen, Springfield, Mo.

18. (a) Signature of funeral director Robert J. Smith

(b) Address 702-74 Jefferson St. S.F.D. 100

19. (a) 1-19-46 (b) W. H. Handy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15  
year 1946 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 30 December 1945 to 15 January 1946  
that I last saw her alive on 15 January 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 10 days

Due to Tuberculosis, pulmonary, chronic, ulcerative, bilateral, due to infection with Tubercle Bacillus 6 mos.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations No. operations Of autopsy Nonautopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 William M. Cluff (M. D. or other) \_\_\_\_\_

Address O'Reilly Co., Springfield, Mo. Date signed 1/17/46

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

685

8311

FORM NO. 10

**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..... *Robert V Smith* .....  
Licensed Embalmer No. *4286* .....  
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