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

8033

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 8 1946

State File No. 9106

Registration District No. 128 Primary Registration District 2000 Registrar's No. 279

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: 1062 N.Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Lifetime.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1062 N. Prospect
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Narcissa Belle Poyner
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F M
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 years
7. Birth date of deceased July (Month) 24 th. (Day) 1876 (Year)

8. AGE: Years 69 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Christian Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business

MOTHER FATHER
12. Name William Park
13. Birthplace Unk. (City, town, or county) Tenn. (State or foreign country)
14. Maiden name Mary Wilson,
15. Birthplace Unk. (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mrs. Curtis Miller
(b) Address 1062 N. Prospect, City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Pembina.
18. (a) Signature of funeral director W.L. Dunn
(b) Address Springfield, Mo.
19. (a) 3-30-46 (Date received local registrar) (b) W.E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 th. year 1946 hour 11 minute 22 P. M.
21. I hereby certify that I attended the deceased from Jan 19, 1946, to March 27, 1946, that I last saw him alive on March 27, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis and myocardial degeneration	2 yrs
Due to Chronic hypertension	6 yrs
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death) Fracture, left femur	2 mo
Major findings: Auricular fibrillation	
Of operations	
Of autopsy	

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) Accident 133
(b) Date of occurrence JAN. 19-1946
(c) Where did injury occur? Springfield Greene Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In the Home (Specify type of place)
While at work? No (e) Means of injury FALL

23. Signature Kenneth C. Coffee (M.D. or other)
Address Springfield, Mo. Date signed 3-30-46

(Licensed Embalmer's Statement on Reverse Side)

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 R. L. McCann

Licensed Embalmer No. 2727

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