

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 2166

1. PLACE OF DEATH: Greene
 (a) County Springfield
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Burge Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 Days
(Specify whether years, months or days)
 In this community 44 Years

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. 628 S. Missouri 6
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Eva Schilling
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Fred Schilling 6. (c) Age of husband or wife if alive UNK. years
 7. Birth date of deceased Aug. 10, 1872
(Month) (Day) (Year)

8. AGE: 73 Years Months 7 Days 13
If less than one day hr. min.

9. Birthplace Madison County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Lloyd
 13. Birthplace UNK. Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Marjorie Lloyd (UNK.)
 15. Birthplace UNK. Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Schilling
 (b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 3/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Park

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

19. (a) 3-25-46 (b) D. W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 23
 year 1946 hour 10 minute 30p. M.

21. I hereby certify that I attended the deceased from Mar. 12, 1946
 _____, 19____, to Mar. 23, 1946
 that I last saw him alive on Mar. 23, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death
Congestive Heart Failure Duration 14 days
 Due to Arterial Hypertension unk.
 Due to _____
 Other conditions Pneumonia, Pyostasis 4 days
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy 930
 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)
 While at work? _____ (e) Means of injury _____

23. Signature Dr. Hanss (M. D. or other) M.D.
 Address Med. Mt. Bely Springfield Date signed 3-25-46

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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