S. No. 2
M—2-43
. 5-17-39
PI X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9117

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 247

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: Burge Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 0
(If outside city or town limits, write "RURAL") 10

(d) Street No. 337 Hovey St. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Betty Joan Trantham

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased April 27, 1931 (Month) (Day) (Year)

8. AGE: Years ✓ 14 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business In School

MOTHER FATHER

12. Name Alvin Trantham

13. Birthplace Greene Co. (City, town, or county) Mo. 0 (State or foreign country)

14. Maiden name Bertha Brock

15. Birthplace Greene Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Bertha Trantham

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

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

(b) Address Springfield Mo.

19. (a) 3-15-46 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1946 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased ~~from~~ on March 12, 1946 to March 12, 1946 that I last saw her alive on March 12, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intracranial Abscess	5 days
Due to: Chronic Otitis Media	4 years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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)

(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 0

23. Signature Kenneth C. Coffer (M. D. or other) M.D.

Address Springfield, Mo. Date signed 3-14-46

111 (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 Ogle Stone Jr.

Licensed Embalmer No. 41 P.

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.