

FILED MAY 9 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 336

1. PLACE OF DEATH:
Greene
(a) County
(b) City or town **Springfield, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **910 S. New 1**
(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 **Missouri** (b) County **Greene 39**
(c) City or town **Springfield** (If outside city or town limits, write "RURAL") **2**
(d) Street No. **910 South New** (If rural, give location) **6**
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT **HATTIE McCANDLESS**
FULL NAME
3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **UNK.**

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Widowed**
6. (b) Name of husband or wife **Chas. C. McCandless** 6. (c) Age of husband or wife if alive **25 1/2** years **1881**
7. Birth date of deceased **April 25**
(Month) (Day) (Year)

8. AGE: Years **64** Months **11** Days **23** If less than one day
hr. min.

9. Birthplace **UNK.** (City, town, or county) **UNK. 9** (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Isaac Wheeler**
13. Birthplace **UNK.** (City, town, or county) **UNK. 9** (State or foreign country)
14. Maiden name **Jane Parker**
15. Birthplace **UNK.** (City, town, or county) **UNK. 9** (State or foreign country)

16. (a) Informant **C. E. Wheeler (brother)**

(b) Address **910 S. New, S.P.F.D., Mo.**

17. (a) **Burial Removal** (b) Date thereof **4-18-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **TOPEKA-KANSAS**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **534 St. Louis St., S.P.F.D., Mo.**

19. (a) **4-18-46** (b) **H. W. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **18**
year **1946** hour **7:30** minute **0** A. M.
21. I hereby certify that I attended the deceased from **Unattended by physician**
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **probably cerebral hemorrhage**
Due to..... **sudden**

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?

While at work?..... (Specify type of place) (e) Means of injury..... **X**

23. Signature **W. E. Handley** Local Registrar
Address **S.P.F.D., Mo.** (M. D. Registrar)
Date signed **4/18/46**

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..... *Frank Goble*

Licensed Embalmer No. *4140*

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.