

FILED JUL 18 1946

Registration District No. 728

Primary Registration District No. 2000

Registrar's No. 522

1. PLACE OF DEATH: Greene

(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: 548 E. Elm
(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 _____
years, months or days

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. 548 E. Elm
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PERLINA CLOOD

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1946 hour 6:00 minute 0 A.M.

21. I hereby certify that I attended the deceased from Jan 2nd to 6-14-46
that I last saw her ex alive on 6-14 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Emmett Clood (dec)

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

7. Birth date of deceased January 11, 1874
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Liver

Duration 3-4 Mo.

8. AGE: Years 72 Months 5 Days 5
If less than one day hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Stone County, Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Home

Major findings: 40%

11. Industry or business _____

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Unknown

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

14. Maiden name Unknown 9

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

16. (a) Informant Mrs. Elva Likins

(b) Address 548 E. Elm, S.P.E.D., Mo.

17. (a) Burial (b) Date thereof 16-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME

(b) Address 534 St. Louis St., Springfield, Mo

19. (a) 6-18-46 (b) B. W. Handy
(Date received local registrar) (Registrar's signature)

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)
_____ (a) Means of injury

23. Signature Ray [Signature] (M. D. or other) _____

Address Springfield, Mo Date signed 6-18-46

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

100-1

JAN 10 1949

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..... *C. A. Roof*

Licensed Embalmer No. *3044*

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.