

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X35671

State File No. _____
Registrar's No. 515

FILED 1946
Registration District No. 1946

Primary Registration District No. 2000

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:
715 No. Fremont
(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)

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. 715 North Fremont
(If rural, give location)

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

3. (a) PRINT FULL NAME Maude McReynolds

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 14, year 1946, hour 7:00 minute A.M.

21. I hereby certify that I attended the deceased from June 4, 1946 to June 14, 1946, that I last saw her alive on June 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 Married

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 8, 1891
(Month) (Day) (Year)

Immediate cause of death Brain Tumor Duration 2 mo.

See family doctor

8. AGE: Years 55 Months 2 Days 6 If less than one day hr. min.

Due to _____

Other conditions (Include pregnancy within 9 months of death) hypertension

Major findings: Of operations none

Of autopsy no 578

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Viles

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

14. Maiden name Nancy Jackson

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

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 _____

23. Signature A. F. Freeman M. D. or other _____

Address Springfield, Mo. Date signed 6/17/46

16. (a) Informant Roy E. McReynolds

(b) Address 715 No. Fremont, SPED. Mo.

17. (a) Burial (b) Date thereof 6-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlam

18. (a) Signature of funeral director Herman Lobmeyer

(b) Address Springfield, Missouri

19. (a) 6-15-46 (b) S. W. Handy
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

9
1
0
10000

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.....

Walter E Hamiller

Licensed Embalmer No.....

3808

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