

S. No. 2
M-5-43
I X36671

FILED AUG 2 1946

Registration District No. **128** Primary Registration District No. **2000**

39
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 861 Concord
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Unknown (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. 861 Concord
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month July day 10
 year 1946 hour 11:00 minute p. M.

4. Sex Female 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 Unknown UNK. 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from no physician in attendance to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>51</u>	<u>UNK.</u>	<u>UNK.</u>	hr. _____ min. _____

Immediate cause of death mechanical asphyxiation
 Due to falling on face during a fainting spell
 Due to _____

9. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 10. Usual occupation Seamstress

Other conditions 5
(Include pregnancy within 3 months of death)

11. Industry or business Unknown
 12. Name Unknown 9
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown 9
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Major findings: 186w 18
 Of operations _____
 Of autopsy _____

16. (a) Informant Harry D. Durst
 (b) Address Springfield, Mo.
 17. (a) Burial (b) Date thereof 7/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Eastern Greenlawn

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident 133
 (b) Date of occurrence July 10, 1946
 (c) Where did injury occur? Springfield, Greene Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? In the home

18. (a) Signature of funeral director H.H. Lohmeyer
 (b) Address Springfield, Mo.
 19. (a) 7-12-46 (b) Dr W.J. Handley
(Date received local registrar) (Registrar's signature)

While at work? no (Specify type of place) _____
 (e) Means of injury Floor
 23. Signature Johnny C. Stone 3 (M. D. or other) _____
 Address Springfield, Mo. Date signed 7-12-46

LV

AUG 16 1946

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.....

Paul J. Downey

Licensed Embalmer No. *2437*

P. O. Address *Brookfield*

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.
