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17-39
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FILED NOV 21 1946
Registration District No. 128

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:
457 E. Cherry /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 457 E. Cherry 6
(If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

ANNA E. ENGLISH

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced. Unknown /
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 2, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 7 27 hr. min.

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

10. Usual occupation Retired sales clerk

11. Industry or business Unknown

12. Name Wm. Henry English

13. Birthplace Unknown Tennessee /
(City, town, or county) (State or foreign country)

14. Maiden name Sarah P. Treadway

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

16. (a) Informant Gr George Haynes

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 10/31/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

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

(b) Address.....

19. (a) 10-30-46 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1946 hour 11:45 P.M. minute..... M.

21. I hereby certify that I attended the deceased from Oct 16
1946, to Oct 16 1946,
that I last saw her alive on Oct 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cardiac insufficiency
Due to chronic nephritis

Duration
20 many years
5 yrs

Due to.....
Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy none 13/13

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..... 0

23. Signature M. E. Handley (M. D. or other).....
Address 432 Red Arts Bldg Date signed 10-30-46

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 Hable*
Licensed Embalmer No..... 4140
P. O. Address..... SPRINGFIELD, MISSOURI

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.