. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Bechtold

State File No. 36704

Registrar's No. 933

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: City Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether In this community years, months or days) About 12 years

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. 1031 W. Thoman (If rural, give location) 6

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Agnes Whitney

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife James Whitney

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

7. Birth date of deceased May (Month) 7, (Day) 1884 (Year)

8. AGE: Years 63 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Chetopia (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Steve Johnson
13. Birthplace Chetopia (City, town, or county) Kansas (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Cora Perkins 1

(b) Address Pasadenia, Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/46 (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo

19. (a) 11-27-46 (Date received local registrar) (b) W. J. Hardy MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20 year 1946 hour 8 55 minute P M.

21. I hereby certify that I attended the deceased from November 11, 1946, to November 20, 1946 that I last saw her alive on November 20, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ① Fracture Inter trochanteric Right Femur.	10 days.
② Embolus cerebral.	5 days.
~~Due to~~	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

186 A
18

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) Accident 133

(b) Date of occurrence Nov 10-1946

(c) Where did injury occur? Springfield (City or town) Greene (County) Missouri (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME (Specify type of place)

While at work? NO (e) Means of injury FALL 0

23. Signature F. F. Bechtold MD (M. D. or other) M.D

Address 318 1/2 E Commercial Date signed Nov 22 1946

111

(Licensed Embalmer's Statement on Reverse Side)

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. Hamilton.....

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.