V. S. No. 2
00M—2-43
ev. 5-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13094

FILED APR 23 1947

Registration District No. 2000 Primary Registration District No.

Registrar's No. 287

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: Springfield Baptist Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Dallas

(c) City or town: Rural - Elkland
(If outside city or town limits, write "RURAL")

(d) Street No.: Elkland Mo.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Nellie Builderback

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: J. R. Builderback

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: June (Month) 21 (Day) 1875 (Year)

8. AGE: Years 71 Months 9 Days 4 If less than one day hr. min.

9. Birthplace: unknown (City, town, or county) Kans (State or foreign country)

10. Usual occupation: House Keeper

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant: J. R. Builderback

(b) Address: Elkland Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Lawn

18. (a) Signature of funeral director: Montgomery-Vaughan

(b) Address: Buffalo Mo.

19. (a) 3-27-47 (Date received local registrar) (b) W. E. Hartley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1947 hour 8 minute A M.

21. I hereby certify that I attended the deceased from 24 March, 1947, to 26 March, 1947; that I last saw her alive on 26 March, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease & Cardiac Decompensation

Due to: Generalized Arteriosclerosis and generalized debility

Due to:

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: No

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Stanley S. Peterson (M. D. or other) MD

Address: 500 Holland Bldg, Springfield Date signed: 26 March 47

(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 Lloyde Montgomery

Licensed Embalmer No. 2-5-92

P. O. Address Buffalo 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.