

Registration District No. 17 3947

Primary Registration District No. 4232

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

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Willow Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 29 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Willow Springs
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME BIRDIE MAY NORTHWAY

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1947 hour 10:00 minute 10 P. M.

21. I hereby certify that I attended the deceased from 6-3-1946 to 7-20-1947
that I last saw h. er alive on 7-17-1947
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife Lloyd D. Northway 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan 12, 1882
(Month) (Day) (Year)

Immediate cause of death Broncho-pneumonia Duration 4 days

Due to Multiple Sclerosis -4 yrs

8. AGE: Years 65 Months 4 Days 8 If less than one day _____ hr. _____ min.

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

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 107

10. Usual occupation Housewife

11. Industry or business _____

12. Name J. p. A. Herrman

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

14. Maiden name Elizabeth Jane Beaman

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant L. D. Northway

(b) Address Willow Springs Missouri

17. (a) Burial (b) Date thereof 5/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Willow Springs

18. (a) Signature of funeral director Burns Funeral Home
Willow Springs, Missouri

(b) Address _____

19. May 21, 1947 (Date received local registrar) (b) Marshall Beaman (Registrar's signature) 207

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) _____ (c) Means of injury 9

23. Signature W. Callahan (M. D. or other) _____
Address Willow Springs Mo Date signed 5-21-47

JUN 13 1947

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

Fred W. Barnes, Registered Apprentice No. 413

working under my personal supervision.

Signed J. C. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.