

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:
2312 N. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2312 N. Broadway
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3,
year 1947 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from
Dec. 27 1945 to Aug. 3 1947
that I last saw him or live on Aug. 2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of uterus 2 yrs?

Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

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.....

23. Signature Arthur D. Kraft (M.D. or other) M.D.
Address 402 E. Cass St. Date signed 8-4-47

3. (a) PRINT FULL NAME Ida W. James,

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Fred P. James 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased October 5, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>10</u>	<u>28</u> hr. min.

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

10. Usual occupation House Wife

11. Industry or business At Home

12. Name Oliver Evans

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

14. Maiden name Lesley
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant I. E. BURRIS
(b) Address CLINTON, MO.

17. (a) Burial (b) Date thereof 8-6-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cem.

18. (a) Signature of funeral director J. D. Klingman & Co.
(b) Address Springfield Mo.

19. (a) 8-4-47 (b) W. J. Handy
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

May Rhodes

Licensed Embalmer No.

4071

P.O. Address.....

Birmingham

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.