S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1947

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 27399

Registrar's No. 781

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1323 Benton /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community 42 years
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. 1323 Benton 6
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Eva Blanche Prescott

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Geo. Roscoe Prescott

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased December-14-1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	9	20	x hr. x min.

9. Birthplace Webster County, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Daniel Wesley Robertson 0
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Ann Shackelford
15. Birthplace Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. R. Prescott

(b) Address 1323 Benton-Springfield, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9-6-'47
(Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Maple Park

18. (a) Signature of funeral director Lex Lamey

(b) Address Marshfield, Missouri

19. (a) 9-5-47 (Date received local registrar) (b) W E Hardley MD (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1947 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from June 18, 1947 to July 24, 1947
that I last saw her alive on July 24, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial insufficiency	Years
Due to Coronary artery sclerosis	
Due to Generalized arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

97

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 0

23. Signature S. M. Klingner (M. D. or other)

Address 4503 E. Commercial Date signed 9-5-47

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1947

OCT 14 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Lee Rainer

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.