

Registration District No. _____

Primary Registration District No. 2000

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
39
2
6

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: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

In this community 33 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIZABETH WRAY

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 Married

6. (b) Name of husband or wife J. R. Wray 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased January 23 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58 6 15 hr. min.

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

10. Usual occupation Civil Service

11. Industry or business Government Printing Office

MOTHER FATHER

12. Name George E. Short

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

14. Maiden name Mary Letsinger

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

16. (a) Informant Mr. J. R. Wray

(b) Address 3517 Holmes Street, Kansas City, Mo.

17. (a) Burial (b) Date thereof Aug 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 8-11-47 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1838 S. Campbell
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 8 day 8 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7-28, 1947, to 8-8, 1947, that I last saw her alive on Aug. 8, 1947, and that death occurred on the date and her stated above.

Impeding cause of death Leukemia (Myeloid type)

Duration 2 mo.?

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 W. E. Handley (M. D. or other) _____

Address Springfield, Mo Date signed 8/11/47

OCT 28 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.....

working under my personal supervision.

Harry Ayre

Registered Apprentice No. *479*

Signed.....

Jewell E. Mudd
Licensed Embalmer No. *2831*
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.