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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

37738

State File No.

FILED DEC 12 1947

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1050

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: City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 29

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1120 N. Texas. 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ada Virginia Horn.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 8 (Day) 1874 (Year)

8. AGE: Years 73 Months 6 Days 8 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Wilson Hancock
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Edmondson
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant George Hancock.
(b) Address 1120 N. Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Mem.

18. (a) Signature of funeral director W. P. Campbell
(b) Address 705 No. Washington

19. (a) 12-5-47 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1947 hour approx. 7 30 minute A M.

21. I hereby certify that I attended the deceased from 22 Nov '47, 19..., to 3 Dec, 1947
that I last saw her alive on 3 Dec, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia	
Due to secondary to ulcer, l. leg.	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 24

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 H. E. Knabb MD (M. D. or other)
Address 1630 Tr. Jeff. Spgfd, Mo. Date signed 5 Dec '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. W. P. Campbell

Licensed Embalmer No. 1747

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.