

FILED NOV 20 1947
Registration District No. **128**

Primary Registration District No. **2000**

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

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:
947 South Weller Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 yrs.
(Specify whether years, months or days)

In this community 40 yrs.
(Specify whether years, months or days)

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. 947 South Weller Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME ELIZABETH MARTIN

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 George Martin

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

7. Birth date of deceased: October 31, 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>0</u>	<u>2</u>	hr. min.

9. Birthplace Rutherfordton, North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Home Makeing

MOTHER FATHER

12. Name Robert Simpson

13. Birthplace Unknown North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Alice Craton

15. Birthplace Unknown North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant George Martin

(b) Address 947 South Weller Avenue

17. (a) Burial (b) Date thereof 11/5/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cem.

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

(b) Address Springfield, Missouri

19. (a) 11-5-47 (b) W. E. Haubert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3 year 1947 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 1947 to 3 nov 1947

that I last saw her alive on 2 nov 1947 and that death occurred on the date and hour stated above.

Immediate cause of death

Terminal Pneumonia
Due to Carcinoma of Colon
metastatic

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings Ca. of transverse Colon - Metastatic

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 None

23. Signature Ronald F. Collins (M. D. or other) _____
Address Mrs. Anita Bldg Date signed 3 nov 47

MAY 19 1948 .

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.....

..... Julian R. Godwin

....., Registered Apprentice No. 473

working under my personal supervision.

Signed.....

Jewell E. Mundy

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.