

FILED JAN 8 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1108

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: 2512 N. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 50 years (Specify whether 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. 2512 N. Main
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rilla Bell Sypolt.

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

4. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widow
6. (b) Name of husband or wife. Harry E. Sypolt 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. March 18, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 4 hr. min.

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

10. Usual occupation. House Wife

11. Industry or business. At Home

12. Name. John O'Bannon
13. Birthplace. Unknown
(City, town, or county) (State or foreign country)
14. Maiden name. Davis
15. Birthplace. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Carl Wilhite
(b) Address. Springfield Mo.

17. (a) Burial (b) Date thereof. 12-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Green Lawn Cem.

18. (a) Signature of funeral director. Burkington & Co.
(b) Address. Springfield Mo.

19. (a) 12-26-47 (b) W.S. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22, year 1947 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-1, 1947 to 12-22, 1947; that I last saw her alive on 12-8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Coronary Thrombosis
Due to Chronic Cardiovascular Disease
Due to

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

Major findings: Of operations. 92
Of autopsy. 92

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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.....

Ogle Stone Jr.

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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.