

S. No. 2
1-1/47
5-17-39

Registration District No. 1248

Primary Registration District No. 2000

WRITE PLAINLY—USING 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: In ambulance enroute to Baptist Hospital 3
(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 Missouri (b) County Greene

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

(d) Street No. 602 Cherry Court
(If rural, give location)

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

3. (a) PRINT FULL NAME LENA FREYER STAHL

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 William Stahl

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

7. Birth date of deceased Sept 22 1877
(Month) (Day) (Year)

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

70 3 9 _____hr. _____min.

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

10. Usual occupation Housewife

11. Industry or business Home Making

MOTHER FATHER

12. Name John Cunningham

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

14. Maiden name Virginia Jackson

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

16. (a) Informant Timothy Cunningham (Brother)

(b) Address 1123 East Central Street, City

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 1/4/1948
(Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Fun'l Home

(b) Address Springfield, Missouri

19. (a) 1-5-48
(Date received local registrar)

(b) W.S. Handley
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1,
year 1948 hour 2: minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1
1945 to Jan 1 1948
that I last saw her alive on Jan 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coungary Disease

Due to _____

Due to _____

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

PHYSICIAN

Major findings: CHD

Of operations _____

Of autopsy _____

Underline the cause of 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? OV
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature W.S. Handley (M. D. or other) MD

Address Spfld, Mo Date signed Jan 3/48

JAN 28 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 _____

Lee Mason

Registered Apprentice No. 477

working under my personal supervision.

Signed

Jewell E. Mundy

Licensed Embalmer No. 2831

P. O. Address Springfield, Missouri

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.