

FILED MAR 30 1948

Registration District No. 122

Primary Registration District No. 2000

Registrar's No. 235

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: 2021 Benton Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Virginia Ann Niles

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 Fred Niles

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased October 16, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>5</u>	<u>1</u>	hr. _____ min.

9. Birthplace Greene County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

12. Name William Shaw

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

14. Maiden name Mary J. Oldham
(City, town, or county) (State or foreign country)

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

16. (a) Informant Fred Niles

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof 3-19-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation maple Park Cem.

18. (a) Signature of funeral director J. Klingner Co.

(b) Address Springfield Mo.

19. (a) 3-18-48 (b) W. Handley
(Date received local registrar) (Registrar's signature)

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. 2021 Benton Ave.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17,
year 1948 hour 11 minute 35 A. M.

21. I hereby certify that I attended the deceased from 2-18-1948 to 3-17-1948
that I last saw her alive on 3-13-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Hepatitis

Due to _____

Due to _____

Other conditions 125B
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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. Kelly MD (M. D. or other) ✓

Address Springfield Mo Date signed 3-17-48

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. A. Rhodes

Licensed Embalmer No.....

4071

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.