S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12161

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 284

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 6 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Christian
(c) City or town Ozark Mo
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ellen A. Harrington
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex F, 1
5. Color or race W.
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 3" (Day) 1862 (Year)

8. AGE: Years 85 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name Calvin Woody
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Wills
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mabel Mapes
(b) Address Ozark, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery
18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.
19. (a) 4/6/48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3" year 1948 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 27 Mar 1948, to 3 Apr 1948 that I last saw her alive on 3 Apr 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia
Due to Chr. Cardio. Vascular Disease.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Ronald F. Elkins (M. D. or other)
Address Med. Arts Bldg. Date signed 4-6-48

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

Jefferson City Printing Co. (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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.