

Primary Registration District No. 2000

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: Springfield Baptist  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 days  
 (Specify whether  
 In this community 7 days  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
 (c) City or town Rural - Willow Springs  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Willow Springs, Route 3  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country No

3. (a) PRINT FULL NAME Clara McCart

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife John McCart 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased March 4 1882  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 17 If less than one day  
 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James Hines  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant John McCart  
 (b) Address Willow Springs, route # 3 mo.  
 17. (a) Removal (b) Date thereof 7-21-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Springs, Mo.  
 18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
 (b) Address 630 St. Louis Street

19. (a) 7-22-48 (b) W. E. Handley, M.D.  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
 year 1948 hour 3:30 minute 50 P. M.

21. I hereby certify that I attended the deceased from July 14, 1948 to July 21, 1948  
 that I last saw him alive on July 21, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Duration 6 hrs

Due to Jauundice, severe 4 wks

Due to Carcinoma head of pancreas

Other conditions Wt. loss  
 (Include pregnancy within 3 months of death)  
 Major findings: Carcinoma head of pancreas - Hepatitis  
 Of operations Wt. loss  
 Of autopsy Wt. loss

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)  
 (e) Means of injury ✓

23. Signature Fred R. Farthing (M. D. or other) med arts Bldg  
 Address Springfield, Mo. Date signed 7/22/48

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

*Jewell E. Kuddle*

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.