

3-40
-39
23159

FILED SEP 7 1948
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 727

1. PLACE OF DEATH **GREENE**
 (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 **Baptist Hosp.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **20 Days**
 (Specify whether years, months or days)
 In this community **20 Years**

3. (a) PRINT FULL NAME **Wanda Kirkwood**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **dec.** years
 7. Birth date of deceased **Sept. 18 1908**
 (Month) (Day) (Year)

8. AGE: Years **38** Months **11** Days **24**
 If less than one day hr. min.

9. Birthplace **Unknown Texas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business

MOTHER FATHER
 12. Name **Ben Smith**
 13. Birthplace **Unknown Oklahoma**
 (City, town, or county) (State or foreign country)
 14. Maiden name **May Abnot**
 15. Birthplace **Unknown Texas**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Ben Smith**
 (b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **9/3/48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Maple Park**

18. (a) Signature of funeral director **H.H. Lohmeyer**
 (b) Address **Springfield, Mo.**

19. (a) **9-4-48** (b) **W. Standley**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Greene**
Springfield
 (c) City or town (If outside city or town limits, write "RURAL")
 (d) Street No. **2146 Mt. Vernon**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **2**
 year **1948** hour **2** minute **10 a.m.**

21. I hereby certify that I attended the deceased from **9-10**, 19**48**, to **Sept 2**, 19**48**
 that I last saw her alive on **Sept 1**, 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal Obstruction** Duration
 Due to **due to hard stools**
strangulation
 Due to **due to adhesion**
from large pelvic abscess
 Other conditions (Include pregnancy within 3 months of death)

Major findings: **Large Pelvic Abscess with numerous**
 Of operations **adhesion**
 Of autopsy **no** PHYSICIAN
 Underline the cause to 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? **now** (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

While at work? **no** (Specify type of place) (e) Means of injury
 23. Signature **J. Freeman** (M. D. or other)
 Address **Springfield Mo** Date signed **9/3/48**

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

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

Walter E. Hamilton

Licensed Embalmer No..... **3808**.....

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.