No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25989

FILED SEP 7 1948

Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 715

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: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community All of Life
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. 722 S. Pickwick
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NORMA PUTMAN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 1 (Day) 1873 (Year)

8. AGE: Years 75 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Greene Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Home
11. Industry or business In Home
FATHER
12. Name John G Putman
13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hanna Sparks
15. Birthplace Unkown (City, town, or county) (State or foreign country)
16. (a) Informant Miss Nannie Putman
(b) Address 722 S. Pickwick
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Comfort
18. (a) Signature of funeral director J W Klingner & Co
(b) Address Springfield Mo
19. (a) 8-30-48 (Date received local registrar) (b) W E Hardley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1948 hour minute 2:30 A.M.

21. I hereby certify that I attended the deceased from Aug 23, 1948 to Aug 26, 1948; that I last saw her alive on Aug 25, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death (1) Uremia

Due to Chronic Nephritis

Due to

Other conditions Fracture right Hip
(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) accident
(b) Date of occurrence Aug 20 1948
(c) Where did injury occur? Springfield (City or town), Green (County), Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fell ✓

23. Signature James D Horton (M. D. or other)
Address Springfield, Mo. Date signed 8/28/48

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 Max 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.