S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29528

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 813

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)
In this community 55 years

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.: 1321 W. State
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Cara E. Willson
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: 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: February (Month) 24 (Day) 1881 (Year)

8. AGE: Years 67 | Months 7 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: Delware co. Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Housewife
FATHER
12. Name: Cyrus J. Larcom
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary J. Lemmon
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Kathleen Miller
(b) Address: 1321 W. State
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Sep. 28-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cem.
18. (a) Signature of funeral director: J. W. Klingner & Co.
(b) Address: Springfield Mo.
19. (a) 9-30-48 (Date received local registrar) (b) N. E. Hartley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26 year 1948 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from 9-11 1948 to 9-26 1948 that I last saw h. alive on 9-25 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fractured Ribs - 8-9-10	
Right - Bronchopneumonia	15 days
Due to: Fall	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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): Accident 133
(b) Date of occurrence: 9-10-48
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? about Home (Specify type of place)
While at work? No (e) Means of injury: Fall
23. Signature: Joseph A. Gulo (M. D. or other)
Address: 209 Cherry Date signed: 9-27-48

(Licensed Embalmer's Statement on Reverse Side) Springfield, Mo

OCT 8 1948

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 John A. McNabb, Registered Apprentice No. 85, working under my personal supervision.

Signed J. B. Klenguer

Licensed Embalmer No. 3358

P. O. Address

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.