

10-47
17-39
I 3906

State File No. _____

FILED NOV 15 1948
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 981

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In-hospital or institution 2 Weeks
(Specify whether years, months or days)

In this community 53 Years
(Specify whether years, months or days)

3: (a) PRINT FULL NAME MARY N. TARRANT

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 John R Tarrant

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased May 30 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

88 5 8 hr. min.

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

10: Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name John Thurman

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Jane Allee

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Clara Tarrant

(b) Address 606 E Walnut, Springfield, Mo.

17. (a) Burial (b) Date thereof 11-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 11-13-48 (b) W. H. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield
(If outside city or town limits, write "RURAL") 5

(d) Street No. 606 East Walnut
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th
year 1948 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct. 25
1948, to Nov. 8 1948;

that I last saw her alive on Nov. 8 1948;

and that death occurred on the date and hour stated above.

Immediate cause of death Fracture, right hip, accidental by fall, 186 a.

Due to _____

Due to _____

Other conditions Nephritis, chronic + Uræmia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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 132

(b) Date of occurrence 10/25/48 133

(c) Where did injury occur? Springfield, Greene, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no (Specify type of place) 0

(e) Means of injury Fall ✓

23. Signature James D. Hostetler, D. (M. D. or other)

Address Springfield, Mo. Date signed 11/9/48

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

VS DEC 4 1959

VS DEC 6 1959

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 Bernard F. Wright

Licensed Embalmer No. 4293

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.