

0-300
10-47
17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36138

State File No. _____
Registrar's No. 1012

Registration District No. 128

Primary Registration District No. 2000

WRITE PLAINLY—USE 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:
1135 South Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 Years years, months or days)

3: (a) PRINT FULL NAME Rachel Atwood
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 Married
6. (b) Name of husband or wife Ward Atwood
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May 17 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 2 hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Wesley
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Rebecca
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Ward Atwood

(b) Address 1135 South Main, Springfield, Mo.

17. (a) Cremation (b) Date thereof 11-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

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

(b) Address Springfield, Missouri

19. (a) 11-22-48 (b) W. Stanley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 3?
(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1135 South Main
(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 19th
year 1948 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov. 9, 1948
to Nov. 10, 1948;
that I last saw her alive on 11/10/48
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder (probably) 1 yr.
Duration _____

Due to _____

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) _____

(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) _____
While at work? _____ (e) Means of injury D

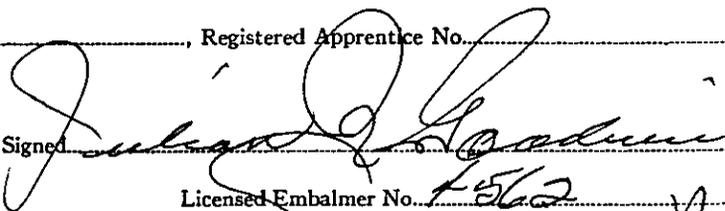
23. Signature J. B. Lemmon, Jr. (M. D. or other) M.D.

Address Springfield, Mo. Date signed 11/20/48

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 

Licensed Embalmer No. 7562

P. O. Address Princeton, 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.