S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 5 1949
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39846
Primary Registration District No. 2000
Registrar's No. 1123

39
2
6

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: 504 West Pacific /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (Specify whether years, months or days): Lifetime after 12 yrs. of Age

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") 2
(d) Street No.: 504 W. Pacific (If rural, give location) 6
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Margaret Elizabeth Petty
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: F M /
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Archie Rose Petty Died
6. (c) Age of husband or wife if alive: 10 Yrs. ago years
7. Birth date of deceased: Dec. (Month) 22 (Day) 1869 (Year)

8. AGE: Years 79 Months 00 Days 6 If less than one day hr. / min.

9. Birthplace: Unknown (City, town, or county) Ill. / (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: Unknown 9
13. Birthplace: Unknown / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown 9
15. Birthplace: Unknown / (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Goldie Tindle
(b) Address: 504 W. Pacific, Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-30, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood
18. (a) Signature of funeral director: W. L. Dunn
(b) Address: Springfield, Mo.
19. (a) 12-30-48 (Date received local registrar) (b) M. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 28 th. year 1948 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from 1947, 19..., to 28 Dec., 1948
that I last saw her alive on Dec 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure — Duration
Due to: Arteriosclerosis & Hypertensive heart disease — yrs.
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

23. Signature: Kenneth E. Kraft M.D. (M. D. or other)
Address: 1630 N. Jefferson Date signed: 29 Dec. 1948

(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 H L McCann

Licensed Embalmer No. 2727

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.