

FILED JUL 11 1949  
3 3/4 34-49

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 587

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 1 da (Specify whether  
In this community \_\_\_\_\_  
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. 1102 E. Atlantic (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Linda Sue Infant Williams

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 S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 7 3 49  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 13 hr. 55 min.

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

10. Usual occupation Infant

11. Industry or business Infant

12. Name UNKNOWN

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

14. Maiden name Jeanne Williams

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

16. (a) Informant Jeanne Williams

(b) Address 1102 E. Atlantic

17. (a) Burial (b) Date thereof 7-4-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director W. H. ...  
(b) Address Springfield, Mo.

19. (a) 7-2-49 (b) W. H. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd  
year 1949 hour \_\_\_\_\_ minute 6:00 P.M.

21. I hereby certify that I attended the deceased from 7/3/49  
19 \_\_\_\_\_ to 7/3/49  
that I last saw her alive on 6:40 P.M. 7/3/49  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Atelectasis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Edward ... (M. D. or other)  
Address 623 Woodruff Bldg Date signed 7/4/49

WHILE FLAMING - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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. ....

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.**