

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1089

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>GREENE</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Greene</b>
c. LENGTH OF STAY (in this place)	d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>	c. CITY OR TOWN <b>Springfield, Missouri</b>	d. STREET ADDRESS (If rural, give location) <b>422 W Tampa</b>

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ida</b>	b. (Middle) <b>Belle</b>	c. (Last) <b>Minderhall</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 9 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>March 5 1882</b>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 mos.: Days) (Hours) (Min.) <b>67</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeper</b>	11. BIRTHPLACE (State or foreign country) <b>Webster Co, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Jim Watts</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Coshay</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Noah Watts</b>	ADDRESS <b>Kegonsville, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8 1/2 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardio-</b> DUE TO (c) <b>Vascular Disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>445X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec. 8, 1949, to Dec. 9, 1949, that I last saw the deceased alive on Dec. 9, 1949, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edward Marcus M.D.</b>	23b. ADDRESS <b>623 Woodruff Bldg</b>	23c. DATE SIGNED <b>12/9/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 11, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Watts Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Kegonsville, Greene, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-12-49</b>	REGISTRAR'S SIGNATURE <b>W E Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W E Kelley-Turrell-Bergman</b>	ADDRESS <b>Kegonsville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed K. K. Kelley.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fordland 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.