

FILED FEB 7 1942 322

Registration District No. 322

Primary Registration District No. 5446

Registrar's No. _____

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield Fair Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fair Grove Route 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days) 2.5 years

3. (a) PRINT FULL NAME MARTHA E. SHARP

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Widow J. L. 6. (c) Age of husband or wife if alive ✓ years 5
7. Birth date of deceased April 5 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business In home

12. Name James Allison

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

14. Maiden name Martha J. Allison

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

16. (a) Informant Mrs. Arthur Harrison

(b) Address Fair Grove Route 2

17. (a) Rural (b) Date of death Feb 3 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Comfort

18. (a) Signature of funeral director W. H. Harrison & Co

(b) Address Springfield, Mo.

19. (a) 2-2-42 allan Barnes
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Fair Grove
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st
year 1942 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from _____, 1936, to Feb 1st, 1942,
that I last saw her alive on About Nov 15, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 162 lb

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. H. Harrison & Co (M. D. or other) MD

Address Springfield, Mo. Date signed 2/2/42

RECEIVED

Greene County Health Office,

County File Number 42-2-21

Date Filed 7/6/42

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.