

FILED MAR 16 1948
316
Registration District No.

Primary Registration District No. 2000

Registrar's No. 169

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:
1514 W. Elm /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Years (Specify whether 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. 1514 W. Elm
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1943 hour 11 minute 15 a.m.
21. I hereby certify that I attended the deceased from 2 calls
1943 to 2-20-43
that I last saw her alive on 2-20- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senility and acute respiratory infection
Duration
Other conditions 2
(Include pregnancy within 3 months of death)
Major findings: 1142
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mrs. Mary Hummel

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, Separated

6. (b) Name of husband or wife John Hummel 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Dec. 25 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 25
If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name Unknown Stastna
13. Birthplace Unknown Bohemia 8
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Epperson
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Feb. 22, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burnham, Missouri

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

19. (a) 2-20-43 (b) Dr. W. J. Handley
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
23. 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 Garrett Hogg (M. D. or other)
Address Springfield, Mo. Date signed 2-20-43

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

9
2
6

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 *Walter E. Hamill*

Licensed Embalmer No. *380*

P. O. Address *Springfield MA*

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.

X