

FILED MAR 12 1940

State File No.

179

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

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: Bapt. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(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. 758 W. MtVernon
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Mrs. Goldena Kays 200

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Arthur R. Kays 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 8 1906
(Month) (Day) (Year)

8. AGE: Years 7 Months 3 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name W.C. Le Bow
13. Birthplace Rice County Kansas
(City, town, or county) (State or foreign country)
14. Maiden name May Sutton
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W.C. Le Bow
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Feb. 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

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

19. (a) 2/21/40 (b) Chas. A. George
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1940 hour 9 minute 30 p.m.

21. I hereby certify that I attended the deceased from Jan 30 - 1940
_____ 19____ to Feb 20 1940
that I last saw her alive on Feb 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia of thrombopenic
white (Schopfer's)

Due to arteriosclerosis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration

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) _____
(Specify means of injury)
23. Signature James E. Dewey (M. D. or other) _____
Date signed 2.21.40

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

9
3
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.....

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, above space should be left blank.

