

Registration District No. 318

Primary Registration District No. 2001

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 521 S. New
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days 11/10

3. (a) PRINT FULL NAME Daisy M. Jally
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 Married
6. (b) Name of husband or wife James C. Jally 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 27, 1880
(Month) (Day) (Year)

8. AGE: Years 159 Months 4 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business In Home

MOTHER FATHER
12. Name George W. Trago
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sophina Barry
15. Birthplace Unknown Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James C. Jally

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Alma Lehman

(b) Address Springfield, Mo.

19. (a) April 29, 1940 (b) W. E. Hurdley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 521 S. New
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1940 hour 4 minute 10 M.

21. I hereby certify that I attended the deceased from April 25
1940, to April 28, 1940;
that I last saw her alive on 4/28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death fatal Pneumonia following Duration 4d

Due to Influenza Ed

Due to _____

Other conditions 11/10

(Include pregnancy within 3 months of death)

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? 9/11
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ray D. Hallaway (M. D. or other) _____

Address Springfield Date signed _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Lewis G. Scherpf
Licensed Embalmer No. 3802
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, above space should be left blank.

X