

JUN 13 1940

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 479

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: 2220 N. Kellett 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 53 years
years, months or days

8. (a) PRINT FULL NAME SARAH HAY WTD

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 Widow

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

7. Birth date of deceased December 10 1852
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Charleston S. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Huffman

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Laura Barnes

(b) Address Fair Grove, Mo.

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

(c) Place: burial or cremation Springfield

18. (a) Signature of funeral director R. C. Thieme

(b) Address Springfield, Mo.

19. (a) May 30, 1940 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

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. 2220 N. Kellett
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1940 hour 4:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from November 7, 1939, to May 28, 1940

that I last saw him alive on May 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease

Due to Arteriosclerosis

Due to Stroke

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

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? 984

While at work? _____ (Specify type of place) (or, means of injury)

23. Signature Henry J. ... M.D. or other _____

Address 450 1/2 E. ... Date signed 5/29/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

R.H. Thorne

Licensed Embalmer No.....

3681

P. O. Address.....

Springfield, 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, above space should be left blank.