

No. 2  
1-13-40  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42555**  
Registrar's No. **1031**

318

Registration District No. \_\_\_\_\_ Primary Registration District No. **2001**

39  
3  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: **Springfield Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days **1**

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. **1142 Nichols Street**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **William Gay**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

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

7. Birth date of deceased **January 4, 1857**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **11** Days **22** If less than one day hr. min.

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

10. Usual occupation **Farmer (retired)**

11. Industry or business **On Farm**

12. Name **Joshua Gay**

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

14. Maiden name **Liza Vandever**

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

16. (a) Informant **William Gay, deceased**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **12/28/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clear Creek Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**  
(b) Address **Springfield, Missouri**

19. (a) **12-28-40** (b) **W. E. Handley, M.D.**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **26**  
year **1940** hour **2** minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from **10/1/39**  
19 \_\_\_\_\_ to **Dec 26** 19 **40**  
that I last saw him alive on **Dec 26** 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza**

Due to **Secondary**

Due to \_\_\_\_\_  
Other conditions **11/12**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: **none**  
Of operations \_\_\_\_\_  
Of autopsy **no**  
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) **no**  
(b) Date of occurrence **no**

(c) Where did injury occur? **no**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

23. Signature **W. F. Freeman** (M. D. or other)  
Address **Springfield, Mo** Date signed **12/27/40**

12-2-50

**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 Harlow Knab  
Licensed Embalmer No. 4065  
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, fact should be so stated above.

X