

0. 2
13-40
17-39
X23159

Registration District No. **318**

Primary Registration District No. **5440**

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: **Osteopathic Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Webster**

(c) City or town **Marshfield**
(If outside city or town limits, write "RURAL")

(d) Street No. **Route 3**
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Doy Dean Losey**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **January 8, 1930**
(Month) (Day) (Year)

8. AGE: Years **10** Months **11** Days **3** If less than one day hr. _____ min. _____

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

10. Usual occupation **Child**

11. Industry or business _____

12. Name **Virgil T. Losey**

13. Birthplace **INmonville, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Jannette Sanders**

15. Birthplace **Whiting, Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Virgil T. Losey**

(b) Address **Marshfield, Missouri**

17. (a) **Burial** (b) Date thereof **12-13-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **12-13-40** (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 **11**
year **1940** hour **5** minute **45** P.M.

21. I hereby certify that I attended the deceased from **Dec 11, 1940**
to **Dec 11, 1940**
that I last saw **her** alive on **Dec 11, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death
acute dilatation of heart from acute myocarditis resulting from pneumonia bronchitis & influenza

Due to _____

Due to _____

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

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? **at home**

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature **William H. Hefley** (Date) **3**
Address **Springfield Mo** Date signed **Dec 14, 1940**

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 Wayne Hinkle

Licensed Embalmer No. 3444

P. O. Address Springfield

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.