

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **829**

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: **2208 Elizabeth**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME **MATHEW AINLAY**

3. (b) If veteran, name war **Non** 3. (c) Social Security No. **non**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married **Widowed**
6. (b) Name of husband or wife **Martina Ainlay** 6. (c) Age of husband or wife **3** years
7. Birth date of deceased **July 3 1856**
(Month) (Day) (Year)

8. AGE: Years **85** Months **3** Days **13** If less than one day hr. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **No Record**
13. Birthplace **No Record** (City, town, or county) **Unknown** (State or foreign country)
14. Maiden name **No Record**
15. Birthplace **No Record** (City, town, or county) **Unknown** (State or foreign country)

16. (a) Informant **Mrs. Florence Case**
(b) Address **2208 Elizabeth St. Mo.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **October 17, 1941**
(Month) (Day) (Year)
(c) Place: burial or cremation **Rego, Mo.**

18. (a) Signature of funeral director **Philo**
(b) Address **Springfield Mo.**
19. (a) **10-18-41** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ripley**
(c) City or town **Doniphan**
(If outside city or town limits, write "RURAL")
(d) Street No. **1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **16**
year **1941** hour **6:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **10-11-41** to **10-17-41**, 19**41**
that I last saw him alive on **10-11-41**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Block. Acute**
Due to **Coronary occlusion**

Other conditions **Urinary retention**
(Include pregnancy within 3 months of death)
Prostate Hypertrophy & Seminal

Major findings: **94a**
Of operations **94a**
Of autopsy **94a**

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) (e) Means of injury
Signature **O. E. Feller** (M. D. or other)
Address **Springfield Mo.** Date signed **10-17-41**

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.....

Licensed Embalmer No. 3681

P. O. Address. Spfld, 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.