

FILED MAR 6 1943

Registration District No. _____

Primary Registration District No. 2000

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **GREENE**

(a) County..... **Springfield,**

(b) City or town..... **Springfield,**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution..... **City Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **40 days**
(Specify whether years, months or days)

In this community..... **73 years**
(Specify whether years, months or days)

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..... **1052 College**
(If rural, give location)

(e) Citizen of foreign country?..... **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Mary Hays**

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

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

4. Sex..... **Female**

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... **George Hays**

6. (c) Age of husband or wife if alive..... **Deceased** years

7. Birth date of deceased..... **August 10, 1869**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	6	0 hr. min.

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

10. Usual occupation..... **Housewife**

11. Industry or business..... **In Home**

MOTHER FATHER { 12. Name..... **Drew Townlin**

{ 13. Birthplace..... **Unknown Missouri**
(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..... **Mr. Frank Townlin**

(b) Address..... **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof..... **Feb. 11, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Hazelwood Cemetery**

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

(b) Address..... **Springfield, Missouri**

19. (a) **2-11-43** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **February** day..... **10th**
year..... **1943** hour..... **11** minute..... **P.** M.

21. I hereby certify that I attended the deceased from..... **Dec. '42**
~~Feb. 10, 1943~~ 19..... to..... **2-10** 19..... **43**
that I last saw her alive on..... **Feb. 10 1943** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cancer of Stomach**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:

Of operations..... **Carcinomatosis**

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?
(Specify type of place) (Means of injury)

While at work?.....

23. Signature..... *[Signature]* M.D. or other

Address..... **Springfield, Mo.** Date signed..... **2-10**

Physician.....

Underline the cause to which death should be charged statistically.

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.