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M-9-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. P. H. ... 14312
State File No. ...
Registrar's No. 263

APR 28 1943
Registration District No. ...

Primary Registration District No. 2000

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: GREENE
(a) County
(b) City or town: Springfield
(c) Name of hospital or institution: 926 N. Missouri
(d) Length of stay: In hospital or institution: None
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED: 39
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(d) Street No.: 926 N. Missouri
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME: Blanch May Hays
3. (b) If veteran, name war: None
3. (c) Social Security No.: Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: April day: 2nd year: 1943 hour: 11:20 minute: P. M.
21. I hereby certify that I attended the deceased from 4-2-'43 to 4-2-'43 that I last saw her alive on 4-2-'43 and that death occurred on the date and hour stated above.

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Arthur Hays
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: May 15, 1894

Immediate cause of death: Apoplexy Arteriosclerosis
Duration: 2 Mo

8. AGE: Years: 48 Months: 10 Days: 17

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
PHYSICIAN: Underline the cause to which death should be charged statistically.

9. Birthplace: Pueblo, Colorado
10. Usual occupation: Housewife
11. Industry of business: In Home
12. Name: Wallace Camblin
13. Birthplace: Unknown Illinois
14. Maiden name: Euphemia DeHaven
15. Birthplace: Unknown Illinois
16. (a) Informant: Mr. Arthur Hays
(b) Address: Springfield, Missouri
17. (a) Burial (b) Date thereof: April 7, 1943
(c) Place: burial or cremation: Hazelwood Cemetery
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri
19. (a) 4-7-43 (b) O. Westendly

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature: [Signature] D. or other
Address: Springfield, Mo Date signed: 4-5

984

(Licensed Embalmer's Statement on reverse side)

X

