

**FILED MAR 8 1944**  
Registration District No. **8-28**

Primary Registration District No. **2000**

1. PLACE OF DEATH: **GREENE**  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Greene** **39**  
(c) City or town **Springfield** **2**  
(If outside city or town limits, write "RURAL") **6**  
(d) Street No. **1405 N. Jefferson**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Mary Cotton Lydy**  
(b) If veteran, name war **None**  
(c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
(b) Name of husband or wife **George Grant Lydy**  
(c) Age of husband or wife if alive **Deceased** years  
7. Birth date of deceased **January 6, 1886**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **1** Days **22** If less than one day hr. min.

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

10. Usual occupation **Housewife**  
11. Industry or business **In Home**

MOTHER FATHER { 12. Name **Addison B. Richardson**  
13. Birthplace **Bartleyville Pa**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ella M. Cotton**  
15. Birthplace **Hartstown Pa**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Richard Lydy**  
(b) Address **Chicago, Illinois**

17. (a) **Burial** (b) Date thereof **March 2, 1944**  
(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) **3-2-44** (b) **B. W. Handley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **28**, year **1944** hour **8:10** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **Feb 25** 19**44** to **Feb 28** 19**44** that I last saw her alive on **Feb 28** 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **18da.**  
Due to **Gen ex trauma**

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

Major findings: **none**  
Of operations **3a**  
Of autopsy **---**

PHYSICIAN  
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) \_\_\_\_\_  
(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?

23. Signature **A. S. P. Thomas** (M. D. or other)  
Address **Springfield Mo.** Date signed **3/1/44**

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 *Lewis G. Scharpf*

Licensed Embalmer No. *38102*

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.**