

FILED SEP 9 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 688

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:
2200 N. Kansas Ave.
(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 Greene

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

(d) Street No. 2200N. Kansas Ave.
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Lowell Coday, Junior

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1944 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 23
..... 194 to Aug 24, 1944
that I last saw him alive on Aug 23, 1944
and that death occurred on the date and hour stated above.

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 XX years

7. Birth date of deceased. August 5, 1934
(Month) (Day) (Year)

Immediate cause of death
Leakage of heart.

Duration

8. AGE: Years Months Days If less than one day

10 0 18 hr. min.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Wright Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation In School

11. Industry or business School

12. Name Lowell W. Coday

13. Birthplace Wright Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Helen G. Carriger

15. Birthplace Wright Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lowell W. Coday

(b) Address 2200 N. Kansas Ave.

17. (a) Burial (b) Date thereof 8-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chaddy Cemetery

18. (a) Signature of funeral director J.W. Klingner & Co.

(b) Address Springfield Missouri

19. (a) 8-25-44 (b) S. W. Handley
(Date received local registry) (Registrar's signature)

Major findings:
Of operations.....

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?

(Specify type of place) While at work?.....

23. Signature Henry F. ... Date signed 8-25-44
Address 450 1/2 E. ...

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

79
2
6

39

2

6

1

922

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. *1763*

P. O. Address *Springfield Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.