

FILED MAY 28 1945
128

Registration District No.

Primary Registration District No. 2000

Registrar's No. 393

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: **908 W. FLORIDA ST.**
(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 **Mo.** (b) County **Greene**

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

(d) Street No. **908** **W. Florida**
(If rural, give location)

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

3. (a) PRINT FULL NAME **PATRICK H. HAYMES.**

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13**
year **1945** hour **4** minute **05 P.M.**

21. I hereby certify that I attended the deceased from **May 1**
19**44**, to **May 13** 19**45**
and that death occurred on the date and hour stated above.

4. Sex **MALE**

5. Color of race **WHITE**

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

(b) Name of husband or wife **CYNTHIA ANN HAYMES**

6. (c) Age of husband or wife if alive **82** years

7. Birth date of deceased **Oct 25 1858**
(Month) (Day) (Year)

Immediate cause of death **Apoplexy**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

8. AGE: Years **86** Months **6** Days **18**
If less than one day hr. min.

9. Birthplace **DALLAS CO. MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Carpenter**

11. Industry or business **Carpentry**

12. Name **John G. Haymes**

13. Birthplace **Nashville Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucinda Zeigler**

15. Birthplace **Nashville Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bessie Onaby**
(b) Address **908 W. Florida, Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **May 16 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **East Lawn Cem.**

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

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

19. (a) **5-16-45** (b) **W. H. Handley**
(Date received local registrar) (Registrar's signature)

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.....

23. Signature **Dr. Robert M. Wynne** (M. D. or other) **May 14 1945**
Address **408 McDaniel Bldg. S. 1st, Mo.** Date signed **May 14 1945**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

May Rhodes

Licensed Embalmer No.....

4071

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.