

FILED JUN 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 413A

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:
City Hospital 0
(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)

3. (a) PRINT FULL NAME WILLIAM AINSLEY

3. (b) If veteran, name war UNK. 3. (c) Social Security No. UNK.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive UNK. years

7. Birth date of deceased October 2, 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 10 If less than one day
hr. _____ min.

9. Birthplace Ann Arbor, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business _____

12. Name David Ainsley

13. Birthplace Unknown UNK.
(City, town, or county) (State or foreign country)

14. Maiden name Hanna Knowles

15. Birthplace Unknown UNK.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fellows

(b) Address Salvation Army - Springfield, Mo.

17. (a) Burial (b) Date thereof May 25, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME

(b) Address 534 St. Louis St., Springfield, Mo.

19. (a) 5-25-46 (b) J. N. S. Handley
(Date received local registrar) (Registrar's signature)

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. Salvation Army
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
year 1946 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1946 to May 12, 1946
that I last saw him alive on May 12, 1946
and that death occurred on the date and hour stated above

Immediate cause of death _____

Uremia 5 days
Due to Cardio-Vascular-renal disease 10-20 yrs?

Due to Generalized Atherosclerosis 10-20 yrs?
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None 13/0
Of operations _____

Of autopsy None
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? _____ (c) Means of injury _____

23. Signature R. C. Conrad (M. D. or other) M.D.
Address Springfield, Mo. Date signed 5-12-46

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 Frank Gable

Licensed Embalmer No. 4140

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.