

FILED NOV 21 1946

Registration District No. 126Primary Registration District No. 2000Registrar's No. 866

1. PLACE OF DEATH:

GREENE

- (a) County Springfield
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
457 Cherry
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Zemira C. Bailey

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

4. Sex FM 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow 2
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 5, 1857
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 4 22 hr. min.

9. Birthplace Bynumville Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business _____

- MOTHER FATHER
 12. Name Henry Van Dyke
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Susan ?
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. F. Baker
 (b) Address 582 W. Chestnut
 17. (a) Burial (b) Date thereof 10-30, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fair View Cemetery

18. (a) Signature of funeral director W. L. Dunn
 (b) Address Springfield, Mo.
 19. (a) 10-30-46 (b) W. L. Dunn M.D.
 (Date received local registrar) (Registrar's signature)

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")
 (d) Street No. 457 Cherry 6
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 th. year 1946 hour _____ minute -- A.M.21. I hereby certify that I attended the deceased from 10-26-46 to _____, 19____, to _____, 19____; that I last saw him alive on 10-26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death
Syncope, after seizures 7
Chronic Myocarditis 7

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations 93D
 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?

While at work? _____ (Specify type of place)
 (c) Means of injury 0
 23. Signature Lyde Blahatt (M. D. or other) 0
 Address 219 1/2 E. Chestnut Date signed 10-27-46

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..... *R. J. McCarr*.....

Licensed Embalmer No. *2727*.....

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.

X