

S. No. 2
M-5-42
7-5-17-39
X32873

Dr. Dewey
State File No. 40237
Registrar's No. 969

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 128 Primary Registration District No. 2000

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

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: Burge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hours
In this community 53 Years
(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. 520 Stanford
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Inez May Leysaht
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 2
year 1946 hour 11 minute a. M.
21. I hereby certify that I attended the deceased from Dec 1
1946 to Dec 2 1946
that I last saw him or alive on Dec 2, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Louis Leysaht
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 8 1892
(Month) (Day) (Year)

Immediate cause of death Muscle Central Hemorrhage
Due to Hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
53 11 24 _____ hr. _____ min.

Major findings:
Of operations 83R
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. L.J. Leysaht
(b) Address Springfield, Mo.
17. (a) Burial (b) Date thereof 12/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

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 0

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 12-6-46 (b) W. H. Dewey
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Dewey (M. D. or other) _____
Address Springfield, Mo. Date signed 12-4-46

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 *Walter E. Hamill*

Licensed Embalmer No. 3808

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.