

FILED JUL 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Wakeman

State File No. 22803

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 580

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 7 Weeks
 In this community Life
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Gladys Canaday

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

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

6. (b) Name of husband or wife Francis Canaday

6. (c) Age of husband or wife if alive 27 years
 7. Birth date of deceased May 27 1907
 (Month) (Day) (Year)

8. AGE: Years 41 Months 1 Days 17
 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Willis Long13. Birthplace Missouri14. Maiden name Clementine Northrup15. Birthplace Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Francis Canaday(b) Address Springfield, Mo.17. (a) Burial (b) Date thereof 7/16/48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park18. (a) Signature of funeral director H.H. Lohmeyer(b) Address Springfield, Mo.19. (a) 7-20-48 (b) W.S. Hendry, Md.

(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. 424 S. Kimbrough
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
 year 1948 hour 5 minute 25 p. M.

21. I hereby certify that I attended the deceased from October 48, 1948, to 14 July, 1948
 that I last saw him alive on 14 July, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Cervix Uteri
Toxemia
 Due to Generalized Carcinomatous, public
bones, urinary bladder, brain.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None.

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

23. Signature J. Newton Chalkley, M.D. (M. D. or other)Address Springfield, Mo. Date signed 17 July 48

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.....

James B. Baughen....., Registered Apprentice No. *466*
working under my personal supervision.

Signed..... *Walter E. Hamelton*.....

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 the above constitutes grounds for revocation of license.)

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