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K23159

FILED SEP 7 1948 128
Registration District No. _____

Primary Registration District No. 2000

1. PLACE OF DEATH: GREENE
(a) County _____
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Nelle Haynes
3. (b) If veteran, name war no
3. (c) Social Security No. ?

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 4 1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 23
If less than one day hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Y. W. C. A.

MOTHER FATHER
12. Name Hiram H. Haynes
13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Childress
15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Haynes
(b) Address 2258 N. Franklin

17. (a) Burial (b) Date thereof 8-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Missouri

19. (a) 9-1-48 (b) W. J. Handley 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 270
(If outside city or town limits, write "RURAL")
(d) Street No. Y.W.C.A. on S. Jefferson St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th
year 1948 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug 26 1948 to Aug 27 1948
that I last saw her alive on Aug 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary thrombosis 10 hrs.
Due to Hypertension paralysis

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

Major findings:
Of operations _____
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) (e) Means of injury
23. Signature Don J. Selsby M.D. 0
Address Springfield, Mo Date signed 8-30-48

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 *Walter E Hamilton*

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.