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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1948

Registration District No. 428

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr Campion Oh 7100 2000

Primary Registration District No.

State File No. 29475

Registrar's No. 819

1. PLACE OF DEATH:

(a) County ~~[illegible]~~ Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
636 West Tampa 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 1
(If outside city or town limits, write "RURAL")

(d) Street No. 636 West Tampa
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Martha Jane Headly

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F.M. 1

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife Charles Edward Headly (Died 1945)

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 2 (Day) 1864 (Year)

8. AGE: Years 84 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Versailles (City, town, or county) Mo. (State or foreign country) 17

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Miles Merritt
13. Birthplace Unknown (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name ? ? ? Baker
15. Birthplace Van Buren, Ark. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Freeman
(b) Address 602 N. Main, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn Cemetery

18. (a) Signature of funeral director W. L. Dunn
(b) Address Springfield, Mo.

19. (a) 9-30-48 (Date received local registrar) (b) W. E. Smedley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28 year 1948 hour 4 minute 20 P M.

21. I hereby certify that I attended the deceased from 1947 to Sept 28, 1948 that I last saw he alive on June 17, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	15 min
Due to Arterial Hypertension	10 yrs
Due to Simple arteriosclerosis	15 yrs
Other conditions (Include pregnancy within 3 months of death) Hypertensive Heart Disease	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature William J. Campion (M. D. or other)

Address Springfield Mo. Date signed 9-29-48

(Licensed Embalmer's Statement on Reverse Side)

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.....Harry Clyne.....

Licensed Embalmer No.....14594.....

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.