

FILED APR 22 1940

253

Registration District No. 378

Primary Registration District No. 2001

Registrar's No.

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:
2000 W Phelps St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether

In this community
years, months or days3. (a) PRINT FULL NAME KENDREL B. GAILEY3. (b) If veteran,
name war3. (c) Social Security
No.4. Sex M5. Color or
race W6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Wallace Bailey6. (c) Age of husband or wife if
alive years7. Birth date of deceased
(Month) May (Day) 24 (Year) 19108. AGE: Years 29 Months 9 Days 15 If less than one day
hr. min.9. Birthplace (City, town, or county) Mo (State or foreign country)10. Usual occupation House wife

11. Industry or business

12. Name Huey Jones13. Birthplace Genu (State or foreign country)14. Maiden name Anna Barber (City, town, or county) (State or foreign country)15. Birthplace Mo (City, town, or county) (State or foreign country)16. (a) Informant's own signature Wallace Bailey(b) Address 2000 W Phelps17. (a) Burial (b) Date thereof 3-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sparta Mo18. (a) Signature of funeral director Clump(b) Address Springfield Mo19. (a) 3/11/40 (b) Clara D. George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2000 W. Phelps
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1940 hour 4 minute P. M.21. I hereby certify that I attended the deceased from Feb 27, 1940 to Mch 9, 1940
that I last saw her alive on Mch 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Influenza

Duration

7 1/2 days

Due to

Due to 11 P.Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations None made

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?

23. Signature J. B. Branton (Specify type of place) (e) Means of Injury
While at work28. Signature J. B. Branton (M. D. or other) MA
Address Springfield Mo Date signed 3/11/40

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

Hoyd W. Fox

Licensed Embalmer No. *2910*

P. O. Address

629 W Walnut

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, above space should be left blank.

X