

454

Registration District No.

128

Primary Registration District No.

2600

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield,**
(c) Name of hospital or institution: **Springfield Baptist Hospital**
(d) Length of stay: In hospital or institution **6 days**
In this community **12 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Rural - Springfield - n Campbell**
(d) Street No. **Route 4**
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Harvey M. Alday

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Maggie Alday** 6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased: **December 29, 1869**

8. AGE: Years **75** Months **5** Days **3** If less than one day hr. min.

9. Birthplace **Stark County, Illinois**

10. Usual occupation **Retired Farmer**

11. Industry or business **On Farm**

MOTHER FATHER
12. Name **Abner Alday**
13. Birthplace **Unknown Ohio**
14. Maiden name **Christiana Morris**
15. Birthplace **Unknown Ohio**

16. (a) Informant **Mrs. Maggie Alday**
(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **June 5, 1945**
(c) Place: burial or cremation **Clear Creek Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(b) Address **Springfield, Missouri**

19. (a) **6-5-45** (b) **Dr. W. H. Havelley**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2**, year **1945** hour **10:00** minute **A.M.**

21. I hereby certify that I attended the deceased from **May 20** 19**45** to **June 2** 19**45** that I last saw him alive on **June 2 1945** and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of urinary bladder 1 yr
Uremia 9 hrs
Myocardial failure 1 yr
Other conditions
(Include pregnancy within 3 months of death)

Major findings: **528**
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?

(e) While at work? (Specify type of place) (f) Means of injury **0**

23. Signature **Robert [unclear]** (M. D. or other) Address **Springfield, Mo** Date signed **6/7/45**

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

9
2
6

984

JUL 25 1945

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.....

Lewis G. Schaefer

Licensed Embalmer No. *3802*

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.