S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41201

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1090

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: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 da. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Crawford 999

(c) City or town Pittsburg 14
(If outside city or town limits, write "RURAL")

(d) Street No. 6
(If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME Ora Mae Easley

3. (b) If veteran, name war None

3. (c) Social Security No. unk.

4. Sex Female

5. Color or race wht

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bartie Emerson Easley

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June (Month) 12, (Day) 1906 (Year)

8. AGE: Years 39 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Webster Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Hwfe

11. Industry or business

FATHER
12. Name Wm Fleetwood
13. Birthplace Douglas Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Jane Cummins
15. Birthplace Unk. (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Bartie Emerson Easley
(b) Address Pittsburg, Kan.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Seymour Mo.

18. (a) Signature of funeral director Kelley-Fussell
(b) Address Seymour Mo.

19. (a) 12-31-45 (Date received local registrar) (b) Dr W E Hardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1945 hour 5 minute 20 a. M.

21. I hereby certify that I attended the deceased from Dec 26, 1945 to Dec 30, 1945
that I last saw her alive on Dec 29, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death acute Nephritis — Duration 10 days

Due to Pregnancy at term

Due to Child Stillborn 12/27-45

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 130

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 T S Breuton (M. D. ~~or other~~)
Address Springfield, Mo. Date signed 12/30/45

984 (Licensed Embalmer's Statement on Reverse Side)

MAR 11 1948

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 H K Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour Miss

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. X