N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

620

REC'D JUN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17622
Do not use this space.

1. PLACE OF DEATH
(a) County: Barton
(b) Township:
(c) City: Lamar
(d) Street No.: , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 40
Primary Registration District No. 4024
Registered No. 19

2. PRINT FULL NAME: ~~Annie~~ Emma Caroline Lease 200
(a) Residence, No.: St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo. M. Lease

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 21-1856

7. AGE: Years 82 | Months 1 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Logansport Indiana

FATHER
13. NAME: Samuel Black
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Garfield County Ohio

MOTHER
15. MAIDEN NAME: Margaret Foore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Delaware County Ohio.

17. INFORMANT: Mrs. N.H. Black
(ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lake Cemetery DATE: May 15th 1938

19. FUNERAL DIRECTOR: Konantz's
(ADDRESS) Lamar, Mo.

20. FILED: May-15- 1938 Mrs. Josepline Mynatt 40
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 13th 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1937, to May 13, 1938
I last saw her alive on May 13, 1938. Death is said to have occurred on the date stated above, at 9:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Breast	1935
Cardiac failure	April 1938

Other contributory causes of importance: 5D

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury: , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Vern T. Bishel, M. D.
(Address) Lamar, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Earl F. Kennedy, Licensed Embalmer No. 2247

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Earl F. Kennedy

Licensed Embalmer No. 2247

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)