REC'D JAN 16 1939

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

43659
Do not use this space.

1. PLACE OF DEATH
(a) County Lewis
(b) Township Reddick
(c) City ~~[illegible]~~
Registration District No. 479
Primary Registration District No. 0643a
Registered No.
(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.
1 3/6

2. PRINT FULL NAME Lucy Mae Meriwether
(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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Marshel Meriwether
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1890
7. AGE: Years 48 | Months 2 | Days 5 | 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danna Ill

FATHER
13. NAME Joseph Lovequen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER
15. MAIDEN NAME Elizabeth Brockmarkle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT Mrs Elwood Brightwell
(ADDRESS) LaBelle Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE LaBelle Cemetery DATE Dec 11 1938
19. FUNERAL DIRECTOR (NAME) James T. Cobb & Son
(ADDRESS) LaBelle Mo
20. FILED 12/13 1938 J L Bowers
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10 1938
22. I HEREBY CERTIFY, That I attended deceased from June 10 1936, to Dec 9 1938
I last saw h. alive on Dec 9 1938. Death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic Lateral Sclerosis	1936

Other contributory causes of importance:

Name of operation None 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) C H Gillard, M. D.
(Address) LaBelle Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 10-38-800
Date Filed 1/12/39

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~~ us, James T Coder & Sons, ~~or~~ by William Coder, Registered Apprentice No. ....., working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address LaBelle, 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, above space should be left blank.