r Lewellyn

REC'D APR 25 1939

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

11922
Do not use this space.

1. PLACE OF DEATH
(a) County Pike — Registration District No. 689
(b) Township [redacted] — Primary Registration District No. 3033 — Registered No.
(c) City or Louisiana — (d) Street No. 618 Va 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.

2. PRINT FULL NAME Emma Augusta Lomax
(a) Residence, No. 618 Va St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

520

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: Curtis Lomax
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/17-80
7. AGE: Years 58 — Months 4 — Days 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Home
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): Lincoln Co. Mo
FATHER
13. NAME: Joe Carr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): (?)
MOTHER
15. MAIDEN NAME: (?) Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): (?)
17. INFORMANT (ADDRESS): Curtis Lomax, Louisiana Mo
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Antioch Mo — DATE: 3/13, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): F C Haley Jr, Louisiana Mo
20. FILED: 3/12, 1939 F C Haley Jr, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-11, 1939
22. I HEREBY CERTIFY, That I attended deceased from 1937, 19.., to 3-11, 1939
I last saw her alive on 3/8/39 ~~6/8/39~~, 1939. Death is said to have occurred on the date stated above, at 6:15 p.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

8201

Other contributory causes of importance:

Arteriosclerosis of long standing

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) Charles B. Lewellyn, M. D.
(Address) Louisiana Mo

620

(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 10-39-669
Date Filed APR 17 1939

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 George O. Wagner, Registered Apprentice No. _____ working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3778

P. O. Address Louisiana, Mo

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

If this body is not embalmed, above space should be left blank.