

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

24914
Do not use this space.

REC'D AUG 7 1939

1. PLACE OF DEATH
- (a) County Auburn Registration District No. 26
- (b) Township _____ Primary Registration District No. 3002
- (c) City Mexico Mo. (d) Street No. 807 S Union 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME Lyle Glenn Lancaster
- (a) Residence, No. 807 S Union St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Henrietta Marie Lancaster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 - 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 2 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) New London Mo.
13. NAME A. C. Lancaster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London Mo.
15. MAIDEN NAME Rebecca Peoples
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center Mo.
17. INFORMANT (ADDRESS) Asaia Chapman Mexico Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Mo. DATE July 30, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. B. Little Co. Mexico Mo.
20. FILED July 28, 1939 Blanche Neely Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1939
22. I HEREBY CERTIFY That I attended deceased from July 27, 1939 to July 27, 1939.
I first saw him alive on July 27, 1939. Death is said to have occurred on the date stated above, at 10:50 p.m.
The principal cause of death and related causes of importance were as follows:
T. B. Surgery
Date of onset _____
- Other contributory causes of importance: Influenza
- Name of operation none Date of _____
- What test confirmed diagnosis? _____ 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) A. J. Farrell, M. D.
(Address) Mexico Mo.

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.

THIS IS A PERMANENT RECORD

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 8/7/51

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

Licensed Embalmer No. 1138

P. O. Address Meriden, Ct

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.