SEP 6 1939

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

29300
Do not use this space.

47

1. PLACE OF DEATH
(a) County IRON 3 Registration District No. 309A
(b) Township ! Primary Registration District No. 4929 Registered No.
(c) City DES ARC ! (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.

2. PRINT FULL NAME 400 INA ELIZABETH LYELL
(a) Residence, No. DES ARC Mo 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 ARTHUR D. LYELL.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ~~OCTOBER~~ FEB 2, 1918.
7. AGE: YEARS 21 | MONTHS 6 | DAYS 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 4 YRS.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DES ARC MISSOURI

FATHER
13. NAME JOHN D. LOWE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DES ARC Mo. IRON COUNTY

MOTHER
15. MAIDEN NAME ELIZABETH NASH
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SALEM. MISSOURI

17. INFORMANT (ADDRESS) MRS MARTHA STAAB. ST. LOUIS Mo. 2609 MADISON ST.
18. BURIAL, CREMATION, OR REMOVAL PLACE Des ARC DATE 8/21 1939
19. FUNERAL DIRECTOR (NAME) Geo P. Lankel (ADDRESS) IRONTON, Mo.
20. FILED 8-23 1939 MRS R H STEVENSON Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19- 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Train hit automobile in which they were driving.

Date of onset

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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) [illegible], M. D.
(Address) Pacific Mount 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.

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, ...

Geo. P. Lenckel, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Geo. P. Lenckel

Licensed Embalmer No. 3475

P. O. Address Trenton 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.