MAR 1 6 [illegible]

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

43800
Do not use this space.

1. PLACE OF DEATH
(a) County Laclede — Registration District No. 449
(b) Township — Primary Registration District No. 4267 — Registered No.
(c) City Lebanon — (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 Arlie May Caroline Haugh
(a) Residence, No. — 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: F
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 Haugh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: YEARS 40 — MONTHS 9 — DAYS 12 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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): Laclede Co Mo

FATHER
13. NAME: Foster Webb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wright Co Mo

MOTHER
15. MAIDEN NAME: Mary M Franklin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Laclede Co Mo

17. INFORMANT (ADDRESS): Gladys Ada Bramhall, 309 Polk ave Lebanon
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Lebanon Cemetery — DATE: 19
19. FUNERAL DIRECTOR (ADDRESS): E N Stewart, Lebanon Mo
20. FILED 12 29 1939 — Mr J A McComb, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1939, to Dec 28, 1939
I last saw her alive on 900 p.m. 12/28, 1939. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric carcinoma	Oct 1 39
cardiac insufficiency	

Other contributory causes of importance: 46

Name of operation — Date of
What test confirmed diagnosis? X-Ray — 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) O. L. Bohrer, M. D.
(Address) Lebanon, Mo

404

(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.

I X12004

RECEIVED
District Health Officer No. 7,
Issuing Year Number 1-40-122
Date Filed 1-10-40

STATEMENT BY LICENSED EMBALMER

I, E N Stewart, Licensed Embalmer No. 1885

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed~~ not by Embalmed at all

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed E N Stewart

Licensed Embalmer No. 1885

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.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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(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 Arlie May Caroline Haugh
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch. 17 - 1899

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
40	9	12	

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.
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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 12-29 1939 J. A. McCamb
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 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 ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) O. L. Bohrer, M. D.
(Address) Lebanon Mo

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. .....

(c) City ..... (d) Street No. .....

(If death occurred in Hospital or Institution, write its name instead

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign bir

2. PRINT FULL NAME .....

(a) Residence, No. ..... St. ☐ .....

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	M...
			21. D...

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS

OCCUPATION

8. Trade, profession, or particular kind o
work done, as sawyer, bookkeeper

9. Industry or business in which
was done, as saw mill, h

10. Date deceased last w
this occupation (
year) .....

12. BIRTHPLAC
(STATE

REP