No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1940

Registration District No. 564

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7389

Primary Registration District No. 5758

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Rural ---- Equality

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Tuscumbia

(If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lula Maze

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Maze

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 23 (Day) 1875 (Year)

8. AGE: Years 64 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Miller County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name P. N. Slote
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Frances Stark
15. Birthplace Russelville (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Feraby Slote

(b) Address Eldon

17. (a) Eldon (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director C. L. Casey

(b) Address Iberia, Mo. 4 M

19. (a) Feb. 7, 1940 (Date received local registrar) (b) L. M. Garner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1 year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from , 1936 to January 31, 1940 that I last saw her alive on January 31, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	4 days
Due to Severe subacute catarrh	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature L M Garner (M. D. or other) M.D.

Address Tuscumbia, Mo. Date signed 2/1/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 40-15
Date Filed 3-11-40

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. .....

P. O. Address .....

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

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