

FILED MAY 7 1940

State File No. _____

Registration District No. 181

Primary Registration District No. 4107

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Billings, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christin
(c) City or town Billings, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Lucy Jane Ely 400

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife B. F. Ely 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 23 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 10 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William French

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Martha C. Pettit

15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Leo Smith

(b) Address Billings, Missouri

17. (a) Burial (b) Date thereof April 10, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ross Hill Cem

18. (a) Signature of funeral director H. Wallace

(b) Address Billings, Mo

19. (a) Apr 11 1940 (b) Mrs Louise Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1940 hour 9 minute _____ M.

21. I hereby certify that I attended the deceased from April 2nd
1940 to April 8, 1940
that I last saw her alive on April 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho - Pneumonia

Due to Gastric Carcinoma

Other conditions: 46
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

977 (Specify type of place) _____
While at work? _____ (e) Means of Injury _____

23. Signature L Frank Vernon (M. D. or other) _____
Address Billings Mo Date signed 4-9-40

Duration

one week

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 540-1214

Date Filed MAY 3 1940

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 Everett B. Neal

Licensed Embalmer No. 4038

P. O. Address Billings, Mo

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

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