

MAY 12 1940

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

15854
Do not use this space.

1. PLACE OF DEATH
(a) County Wright Registration District No. 724
(b) Township Sparks Primary Registration District No. 5955
(c) City _____ (d) Street No. _____ Registered No. _____
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME Laura Elizabeth Widner
(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 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 Charles Widner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1880
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
59 5 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Missouri 0
13. NAME Wm Bryan 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0
15. MAIDEN NAME Rachel Ballou
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT (ADDRESS) Charles Widner
Lucerne Mo. R.F.D.
18. BURIAL, CREMATION, OR REMOVAL PLACE Kavanaugh Mo. DATE 4/2 1940
19. FUNERAL DIRECTOR (ADDRESS) O. D. Greenlee
Linnell Iowa
20. FILED 4/24 1940 Mrs. D. W. Pollock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 1, 1940
I HEREBY CERTIFY, That I attended deceased from March 25 1940 to March 29 1940
I last saw him alive on Mar 29 1940 Death is said to have occurred on the date stated above, at 2:45 A.M.
The principal cause of death and related causes of importance were as follows:
Cancer of Stomach
Other contributory causes of importance: 46
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) G. A. Steele M. D.
Lucerne Mo. (Address)

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.

RECEIVED

District Health Officer No. 10

District File Number 5-40-971

Date Filed MAY 9 1940

STATEMENT BY LICENSED EMBALMER

I, O. O. Greenlee, Licensed Embalmer No. 872

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ames P. Greenlee

L. E. 3967

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed O. O. Greenlee
Licensed Embalmer No. 872

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.)