

No. 2
-10-39
17-39
X21492

Registration District No. 470

Primary Registration District No. 3633

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution: Mo. State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs 9 mo 2 days
(Specify whether in this community same years, months or days) 3

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1940 hour 1 minute 00 P. M.
21. I hereby certify that I attended the deceased from 2-21, 1938, to 11-24, 1940,
that I last saw her alive on 11-23-, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis Duration 4 yrs

Due to _____
Due to 77
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? 42
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. J. [Signature] (M. D. or other) M.D.
Address Mt. Vernon, Mo. Date signed 11/24/40

3. (a) PRINT FULL NAME Aletia Causey

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

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

6. (b) Name of husband or wife Lemis Causey 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov 16 1916
(Month) (Day) (Year)

8. AGE: Years 24 Months 8 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Francis Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Hom.

11. Industry or business Home

12. Name Ed. Anderson

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

14. Maiden name Blanch Polagrone

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

16. (a) Informant Ethel M. Michael (Board Clerk)

(b) Address Mo. State San., Mt. Vernon

17. (a) Removal (b) Date thereof Nov 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell, Mo

18. (a) Signature of funeral director Geo. B. Own

(b) Address Mt. Vernon Mo

19. (a) 11-24-1940 (b) P. A. HOLMES
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV DEC 21 1940

RECEIVED

District Health Officer No. 6,

District File Number 1140-2937

Date Filed DEC 5 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.....

Licensed Embalmer No.....

P. O. Address.....

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.