

S. No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42995

FILED JAN 17 1941
Registration District No. 449

Primary Registration District No. 5609

Registrar's No. _____

53
2
1

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

1. PLACE OF DEATH:

(a) County LACLEDE

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

(c) Name of hospital or institution: R. 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 always
years, months or days

3. (a) PRINT FULL NAME ETHELYN TRUELOVE

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife FRA TRUELOVE

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

7. Birth date of deceased JUNE 13 - 1999
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 17
If less than one day _____ hr. _____ min.

9. Birthplace LACLEDE Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER {

12. Name JAS LAWSON

13. Birthplace CATER Co. IND
(City, town, or county) (State or foreign country)

14. Maiden name NETTIE BROWN

15. Birthplace BOON Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Jas Lawson

(b) Address Lebanon Mo

17. (a) Burial (b) Date thereof Dec 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt View Cem

18. (a) Signature of funeral director Robert H. O'Neil

(b) Address Lebanon Mo

19. (a) 12-31-40 (b) J. A. McCamp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. 2, Lebanon
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1940 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from Dec 23 1940 to Dec 29 1940

that I last saw her alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Trench warfare

Due to _____

Due to _____

Other conditions 11510
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

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

23. Signature J. S. Penage (M. D. or other) _____

Address Lebanon Mo Date signed 12/29/40

RECEIVED

District Health Officer No. 7,

District File Number 1-41-142

Date Filed 1-14-41

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, fact should be so stated above.