

JAN 25 1941

Registration District No. 712

Primary Registration District No. 5941

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Richland Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Liberty Hospital  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski  
(c) City or town Richland Rural, Liberty Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Emma Lesway

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced. Widow  
6. (b) Name of husband or wife Robert Lesway 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 13 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days  If less than one day  
79 10 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Saline County Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Geo. W. Riley  
13. Birthplace Unknown Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Fisher  
(b) Address Richland, Missouri.

17. (a) Burial (b) Date thereof Dec. 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Lawn, Richland.

18. (a) Signature of funeral director [Signature]  
(b) Address Richland, Missouri.

19. (a) Dec 18, 1940 (b) Scott A. Oliver  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17  
year 1940 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 19, 1938 to Dec. 17, 1940, that I last saw her alive on Dec. 14, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Osteoarthritis - Duration 10 years

Due to unknown

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 59 A

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none  
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? 640

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

23. Signature Owett A. Oliver (M. D. or other) \_\_\_\_\_  
Address Richland Mo Date signed 12/18/40

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

RECEIVED

District Health Officer No. 5,

District File Number 14178

Date Filed \_\_\_\_\_

---

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 \_\_\_\_\_

Not Embalmed, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 3198

P. O. Address Reckard Mo

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.