

2
13-40
7-39
X231

JAN 22 1948 977

Primary Registration District No. **4543**

Registrar's No. **25**

1. PLACE OF DEATH: **Webster**
 (a) County **Webster**
 (b) City or town **Seymour**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community **50 years** (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME **Lucy Miller**
 3. (b) If veteran, name war
 3. (c) Social Security No. **491-12-0706**

4. Sex **Female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **widow**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **July 26 - 1878**
 (Month) (Day) (Year)

8. AGE: Years **62** Months **4** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **Christian Co Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Housekeeper**

MOTHER FATHER {
 12. Name **Jesse Watson**
 13. Birthplace **Nashville Tenn**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Frances Emma**
 15. Birthplace **Nashville Tenn**
 (City, town, or county) (State or foreign country)

16. (a) Informant **J. L. Watson**
 (b) Address **Seymour Mo.**

17. (a) **Burial** (b) Date thereof **12-17-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Seymour Cemetery**

18. (a) Signature of funeral director **Thomas Watson**
 (b) Address **Seymour Mo.**

19. (a) **12/16-40** (b) **R. E. McMahon**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Webster**
 (c) City or town **Seymour**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) **0**
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **16th** year **1940** hour **6** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Dec 16 1940** to **Dec 19 1940**, 19____; that I last saw her alive on **Dec 16 1940**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Thrombosis.**

Due to **Chronic Bronchitis, Chronic Valvular Disease**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **g2 N**

Major findings: Of operations _____ Of autopsy _____

Duration _____
 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? **g2 N**

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

23. Signature **R. E. McMahon** (M.D. or other) **P.O.**
 Address **Seymour Mo.** Date signed **12/16/40**

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

RECEIVED

District Health Officer No. 6,

District File Number HL-3084

Date Filed JAN 3 1941

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.