

Registration District No. 390 Primary Registration District No. 5345 Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County IRON
(b) City or town MINIMUM
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County IRON 47
(c) City or town MINIMUM
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1941 hour 7:00 minute _____ A. M.
21. I hereby certify that I attended the deceased from 7/6
1941 to 7/6 1941;

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

Immediate cause of death Acute Cardiac Failure

Due to _____
Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME MILLIE ETHEL LASHLEY

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JESSE E. LASHLEY 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased JANUARY 8 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER { 12. Name ED. JACKSON

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

14. Maiden name AMANDA WELLS

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

16. (a) Informant MR. JESSE E. LASHLEY

(b) Address MINIMUM Mo.

17. (a) BURIAL (b) Date thereof 1-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEADOR CEMETERY

18. (a) Signature of funeral director _____

(b) Address _____
(c) _____ (Date received local registrar) (Registrar's signature)

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? 357

23. Signature W. H. Raffill (M. D. or other) _____

Address _____ Date signed _____

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.