

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

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Rural, Randolph
(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

3. (a) PRINT FULL NAME Lumya Pearce

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

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

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

7. Birth date of deceased March 9, 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Blair Lenoir

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

14. Maiden name Blair Lenoir

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

16. (a) Informant Mrs. Hollie Owens

(b) Address St Louis, Mo

17. (a) Burial (b) Date thereof 4/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director William Perkins

(b) Address Clarence Mo

19. (a) 1/20/41 (b) Clarence Lenoir
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Orchard
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1940 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Aug 1927 to Dec 30, 1940 that I last saw her alive on Dec 26, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 13 yrs

Due to _____
Due to _____

Other conditions Influenza
(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? 476
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. L. Hulan (M. D. or other) MD
Address Clarence Mo Date signed Jan 3 1941

RECEIVED

District Health Officer No. 10

District File Number 2-41-318

Date Filed FEB 14 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.....

Henry A. Bucklew, Registered Apprentice No.....
working under my personal supervision.

Signed Henry A. Bucklew

Licensed Embalmer No.....

P. O. Address Shelburne Vt

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.