

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3481**

Registration District No. **573**

Primary Registration District No. **4337**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Monteau

(b) City or town Fortuna mo.

(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 3 (Specify whether _____)

In this community 5 mo. 3 years, months or days

3. (a) PRINT FULL NAME Allie Ann Lees

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 Widowed

6. (b) Name of husband or wife A. A. Fowler 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept. 1 - 1872 (Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Morgan mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name W. M. Mock

13. Birthplace Indiana 1 (City, town, or county) (State or foreign country)

14. Maiden name Nancy Day

15. Birthplace Morgan mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant J. B. Mock

(b) Address Fortuna, mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 - 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Morgan Co

18. (a) Signature of funeral director Duane Ewing

(b) Address Sedalia, mo. 8.

19. (a) 1-13-40 (Date received local registrar) (b) Mrs. C. E. Frye (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Morgan 71

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11 year 41 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 1971, to 1-21-41, 19____; that I last saw her alive on 1-11-41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular pneumonia Duration 1-9-41

Due to _____

Due to _____

Other conditions (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? 507 (Specify type of place) (e) Means of injury _____

23. Signature H. P. Hume (M. D. or other) D

Address Tipton Date signed 1-22-41

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 *Duane Ewing*

Licensed Embalmer No. *3849*

P. O. Address *Sedalia, 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, fact should be so stated above.