

FILED MAR 14 1941

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County DUNKLIN
(b) City or town KENNETT
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME LULA LUELLE CONOVER

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 WIDOWED

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

7. Birth date of deceased SEPT 27 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 5 If less than one day hr. _____ min. _____

9. Birthplace CAPE CO. O-MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business OWN HOME

MOTHER FATHER { 12. Name WM. CARTRIGHT
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name SUSAN ANN GARTNER
15. Birthplace 1 TENN
(City, town, or county) (State or foreign country)

16. (a) Informant PETE CONOVER
(b) Address KENNETT MO.

17. (a) BURIAL (b) Date thereof MAR 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HAZEL CEMETERY

18. (a) Signature of funeral director George J. Russell
(b) Address Seagram 100

19. (a) 3-10-41 (b) Dr. Wheeler Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DUNKLIN 25
(c) City or town KENNETT 2
(If outside city or town limits, write "RURAL")
(d) Street No. 504 KING ST. (If rural, give location) 2
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1941 hour 12 minute 5 a.m.

21. I hereby certify that I attended the deceased from Feb 28 1941, to March 1 1941 that I last saw her alive on March 1-41 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchitis

Due to Chronic Bronchitis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 26 (Specify type of place) (Means of Injury) 2

23. Signature George J. Russell (M., D., or other) DO
Address Russell MO Date signed 3-10-41

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

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

per

RECEIVED

District Health Officer No. 2,

District File Number 341-372

Date Filed 9/12/44

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.