

APR 10 1941
Registration District No. **20**

Primary Registration District No. **5058**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Barton**
(b) City or town **Lamar (Rural)**
(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 **50 years**
In this community **50 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**
(c) City or town **Lamar (Rural)**
(If outside city or town limit, write "RURAL")
(d) Street No. **RFD #4**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **METTIE ELICE DINWIDDIE**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **V. M. Dinwiddie** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **February 22 1861**
(Month) (Day) (Year)

8. AGE: Years **80** Months **0** Days **10** If less than one day
.....hr.min.

9. Birthplace **Aldrich, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Lyman**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Pymelia Highland**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Henry Leurgill**
(b) Address **Lamar, Missouri**

17. (a) **Burial** (b) Date thereof **Mar 4 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Konantz Funeral Home**
(b) Address **Lamar, Missouri**

19. (a) **Mar 4 1941** (b) **Mrs Josephine Meyna**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3rd**
year **1941** hour **1** minute **25 A.M.**

21. I hereby certify that I attended the deceased from **Summer 1937** to **March 3 1941**;
that I last saw her alive on **Feb. 27, 1941**;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cancer of Uterine Fundus** **4 years**
malnutrition **3 weeks.**

Due to.....
Due to.....

Other conditions **H**
(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?

40 While at work? (Specify type of place) (e) Means of injury

23. Signature **Jern T. Bichel** (M. D. or other) **M.D.**

Address **Lamar, Mo.** Date signed **Mar 3, 1941**

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

RECEIVED

District Health Officer No. 6

District File Number 441-566

Date Filed APR 7 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 Carl K. Morantz

Licensed Embalmer No. 2247

P. O. Address Lamar, 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, above space should be left blank.