

Registration District No. 384

Primary Registration District No. 5335

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Hawell
(b) City or town West Plains Mo. R.F. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Howell Twp 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65440 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Hawell Mo
(c) City or town West Plains Mo
(If outside city or town limits write "RURAL")
(d) Street No. R.F. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Abbie Burke Lavau

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

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Roger Lavau 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Sept 15-1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Hawell Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business ✓

12. Name Richard Burke

13. Birthplace unk - 9
(City, town, or county) (State or foreign country)

14. Maiden name unk

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

16. (a) Informant Nick Lavau

(b) Address Kalamazoo, Michigan

17. (a) Burial (b) Date thereof 3/22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Republic

18. (a) Signature of funeral director Robert Anderson

(b) Address West Plains, Mo 34

19. (a) 4-4-41 (b) Vida W SIMONS
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21
year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 11, 1941, to March 21, 1941;
that I last saw her alive on March 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Para-plegia both lower limbs lower bowels and bladder with infection
Due to ab

Duration
3 Months

Other conditions Injury to spine and spinal cord, being hit by a car.
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____
Of autopsy 1702 21

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) Accident

(b) Date of occurrence 12-6-1940

(c) Where did injury occur? West Plains, Howell, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On public road

4 While at work? NO (Specify type of place) (e) Means of injury car accident

23. Signature A. Gray (M. D. or D.O.)
Address West Plains, Mo. Date signed 4/4/41

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

6000

RECEIVED

District Health Officer No. 5,

District File Number

5411608

Date Filed

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

Raymond D. Roberts

Registered Apprentice No.

working under my personal supervision.

Signed

Raymond D. Roberts

Licensed Embalmer No.

3435

P. O. Address

West Haverhill, Mass.

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.