

STANDARD CERTIFICATE OF DEATH

State File No. 14964

14964

Registration District No. 451

Primary Registration District No. 5116

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
LEBANON LINN CREEK RT.
(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 NOT
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAR 30 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

9. Birthplace LACLEDE CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name GRANT BERRY
13. Birthplace DALAS CO MO
(City, town, or county) (State or foreign country)
14. Maiden name ONA LONG
15. Birthplace DALAS CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant Grant Berry
(b) Address LINN CREEK RT. Lebanon Mo
17. (a) burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ELATWOOD CEM.

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO
19. (a) April 29 (b) Nara Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE MO
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. LINN CREEK RT. LEBANON MO
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR, day 2
year 1941 hour 9 minute P M.

21. I hereby certify that I attended the deceased from April 2
1941, to April 2, 1941;

that I last saw her alive on April 2, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Failure of Closing of the Foramen Ovale Search. Duration .41

Due to _____

Due to 157 hr

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? _____

4 AM While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature E. G. O'Leary (M. D. or other) M.D.
Address Camden, Mo. Date signed 4-26-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 5-41-783

Date Filed 5-2-41

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.....

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, fact should be so stated above.