

STANDARD CERTIFICATE OF DEATH

State File No. 22057

Registration District No. 470

Primary Registration District No. 5633

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Interson Mo  
(c) Name of hospital or institution D.M.C. State Sanatorium  
(d) Length of stay: In hospital or institution 47 days  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Monett  
(d) Street No.  
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 1941 day 7 hour 7 minute 55 P.M.  
21. I hereby certify that I attended the deceased from 5/9 1941 to 6-19 1941  
that I last saw him alive on 6-19-41 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis 9 mo.  
Due to...  
Due to... 12 P.M.  
Other conditions: (include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Annie Lashum

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

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. Orville Lashum 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased April 1 1921 (Month) (Day) (Year)

8. AGE: Years 20 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Arcade Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Jesse Raymond Dohle

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

14. Maiden name Sarah Clatter (City, town, or county) (State or foreign country)

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant E. W. Michael Record (b) Address Interson Mo

17. (a) Removal (b) Date thereof 6-21-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monett, Mo

18. (a) Signature of funeral director E. W. Michael Record (b) Address  
19. (a) 6-20-1941 (Date received local registrar) (b) P.A. Holmes (Registrar's signature)

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature W. L. Coffman (M. D. or other) (Specify type of place) (e) Means of injury  
Address Interson Mo Date signed 6/19/41

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

5500

X26390

RECEIVED

District Health Officer No. 6;

District File Number 741-1032

Date Filed JUL 7 1940

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

*J. D. Buchanan*

Registered Apprentice No.

working under my personal supervision.

Signed

*J. D. Buchanan*

Licensed Embalmer No. 3179

P. O. Address

*Mount 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.