

FILED AUG 18 1941
527

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25549
Registrar's No.

Registration District No.

Primary Registration District No. 5703

1. PLACE OF DEATH:

(a) County MACON
(b) City or town Rural Berier Twp.
(If outside city or town limits, write "RURAL" and name of township)
(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 1 (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MACON 06/0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Charlotte J. Lake

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 1940 years

7. Birth date of deceased Dec 8 (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
0 6 25 hr. min.

9. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Infant

MOTHER FATHER
11. Industry or business
12. Name John G. Lake
13. Birthplace Iowa (City, town, or county) (State or foreign country)
14. Maiden name Lucile Marshman
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant John G. Lake
(b) Address Macon Mo. R4

17. (a) Burial (b) Date thereof 7-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olive Cem

18. (a) Signature of funeral director Stephens & Gooding
(b) Address Macon Mo.

19. (a) 8-8-1941 (Date received local registrar)
(b) Edwin Simpson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd
year 1941 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from July 3 1941, to July 3 1941, that I last saw her alive on July 3 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia June 30 1941
Duration

Due to 108

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature J F Turner (M. D. or other)
Address Macon, Mo. Date signed 7/15/41

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

RECEIVED

District Health Officer No. 10

District File Number 8-41-1493

Date Filed AUG 13 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 not

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.