

No. 2
1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39790

State File No. _____

DEC 18 1941
908

Registration District No. _____
Primary Registration District No. 6222

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Wright ^{Mo}
(b) City or town Mo. Stone Mo. (Rural)
(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 _____ (Specify whether _____)
In this community _____ / _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright
(c) City or town Mo. Stone Mo. (Rural)
(If outside city or town limits, write "RURAL") 114
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____ D

3. (a) PRINT FULL NAME FRANCIS ELVA LAKE

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

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Albert L. Lake 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased. Oct 16 1902
(Month) (Day) (Year)

8. AGE: Years 39 Months _____ Days 28 If less than one day hr. _____ min. _____

9. Birthplace Wanship Utah
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business _____

12. Name Oscar Tripp

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

14. Maiden name Mary Sawyer

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

16. (a) Informant Mrs John F Samuel

(b) Address St. Louis Mo

17. (a) Burial (b) Date thereof 11 18 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Springs Mo

18. (a) Signature of funeral director George Stapp

(b) Address Mo Stone Mo

19. (a) 12-6-41 (b) Bessie Montgomery
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14
year 1941 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from 11-5-41 to 11-14-41
that I last saw her alive on 11-12-41
and that death occurred on the date and hour stated above.

Immediate cause of death Acute suppurative
Purpura Pneumonia 2 wks Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 588

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. L. Frame (M. D. or _____)
Address Mountain Grove Date signed 11/16/41

851 (Licensed Embalmer's Statement on Reverse Side)

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

4
0
0

RECEIVED

District Health Officer No. 6,

District File Number 1241-1864

Date Filed DEC 15 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

George Stoff

Licensed Embalmer No.

3161

P. O. Address

Wm. H. Lane

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.