

Registration District No. 449

Primary Registration District No. 4267

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
L
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution L (Specify whether
In this community L
years, months or days)

3. (a) PRINT FULL NAME Rebecca M. Haugh

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William J. Haugh

6. (c) Age of husband or wife if alive 1.0 years (Day) (Year)

7. Birth date of deceased Jan 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>11</u>	<u>25</u>hr.....min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name Thomas L. Lewis

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

14. Maiden name Sarah Snow

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

16. (a) Informant W. J. Haugh

(b) Address Lebanon Mo

17. (a) buried (b) Date thereof 12 7 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Haugh Cemetery

18. (a) Signature of funeral director E. M. Stewart

(b) Address Lebanon Mo

19. (a) 12-5-41 (b) J. A. M. Coub
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

(c) City or town Lebanon
(If outside city or town limits, write "RURAL")

(d) Street No. 1
2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5
year 1941 hour 2 minute 15 6 M.

21. I hereby certify that I attended the deceased from August 15, 1940, to Dec, 5, 1941,
that I last saw her alive on Dec, 4, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death:

Hypostatic pneumonia 12 hrs.

Due to Cerebral Hemorrhage 6 mo.

Due to Hypertension 3 years

Other conditions 1
(Include pregnancy within 3 months of death)

Major findings:
Of operations 430

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) _____ (d) Means of injury _____

23. Signature James L. Hope (M. D. or other) _____
Address Lebanon, Mo. Date signed 12/5/41

RECEIVED

District Health Officer No.

District File Number 1-42-33

Date Filed 1-14-42

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 Me

E. N. Stewart

Registered Apprentice No.

working under my personal supervision.

Signed E. N. Stewart

Licensed Embalmer No. 1585-

P. O. Address Lebanon, 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.