

FILED MAR 16 1942

Registration District No. 447470

Primary Registration District No. 5633

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Verona Missouri
(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 69 years
years, months or days

3. (a) PRINT FULL NAME Florence Lewis

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 widowed

6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 15 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 9 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name W^m Montgomery
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Saphrona
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jess Houston
(b) Address Verona MO

17. (a) Burial (b) Date thereof Feb 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Spring River Cemetery

18. (a) Signature of funeral director H. D. Jassall
(b) Address Mt Vernon MO

19. (a) Mar 6-42 (b) Luddy Doughter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence
(c) City or town Verona
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21
year 1942 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from February 1
1942 to Feb. 21 1942
that I last saw h. er alive on Feb. 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration _____

Due to hypertension

Due to _____

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

Major findings: 830
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) (a) Means of injury 2
23. Signature Marion Ford (M. D. or other) D.O.
Address _____ Date signed _____

1182 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 342-359

Date Filed MAR 12 1942

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 Mrs H D Fossett

Licensed Embalmer No. 2720

P. O. Address Mt Vernon W

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.