

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7122

State File No.

FILED MAR 16 1942

Registration District No. 469472

Primary Registration District No. 42855636

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Vineyard Twp (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Sarcoxie # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Rural (Vineyard)
(If outside city or town limits, write "RURAL")
(d) Street No. Sarcoxie #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bettie Rachel Mc Lemore

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Lee Mc Lemore 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased March 7-1942 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 4 If less than one day -- hr. --- min.

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER { 12. Name Thomas J. Holland
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Dunivan
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Thomas Mc Lemore

(b) Address Sarcoxie Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-42
(Month) (Day) (Year)

(c) Place: burial or cremation Red Oak Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison Ave.

19. (a) Feb 18 - 1942 (Date received local registrar) (b) Buddach E. Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
year 1942 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from Feb 8
1942 to Feb 11 1942
that I last saw her alive on Feb 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Labor pneumonia Duration 3 days

Due to probably - Influenza ?

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) (a) Means of injury

23. Signature [Signature] (M. D. or other) D
Address [Address] Date signed 2-11-42

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

1182

RECEIVED

District Health Officer No. 6,

District File Number 342-270

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 Edleiman

Licensed Embalmer No. 7222

P. O. Address Carthage

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.