

3 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

State File No. 7381

MAR 16 1942

Registration District No. 608

Primary Registration District No. 5807

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Stella, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Stella Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community all of life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Fairview, Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Elnora Lahman

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, Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 11 1928  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
13 7 20 hr. \_\_\_\_\_ min.

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

10. Usual occupation School Girl

11. Industry or business \_\_\_\_\_

12. Name Chester Lahman

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

14. Maiden name Clara Sharp

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

16. (a) Informant Chester Lahman

(b) Address Fairview, Missouri

17. (a) Burial (b) Date thereof Jan. 2, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dice Cemetary

18. (a) Signature of funeral director Horins & Culver

(b) Address Cassville, Missouri

19. (a) Feb 24 42 (b) Hans Gerster  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31  
year 1941 hour 6.30 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 24  
1941 to Dec. 31 1941;  
that I last saw her alive on Dec. 31 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis  
Influenza  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 338

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M.D. or other) \_\_\_\_\_  
Address Stella Date signed 2/24/42

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

300

RECEIVED

District Health Officer No. 6,

District File Number 342-389

Date Filed MAR 13 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 W. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville, Missouri

**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.**