

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 300 Frisco St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 months years, months or days

3. (a) PRINT FULL NAME

Lillie D. Carter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex 71 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 6 1867
(Month) (Day) (Year)

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

9. Birthplace White Hall, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation House work own home

11. Industry or business _____

12. Name James Smith

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

14. Maiden name Susan Allen Smith

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

16. (a) Informant Clint Smith

(b) Address Purdy, Mo.

17. (a) Burial (b) Date thereof March 26 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdy

18. (a) Signature of funeral director Blaschenski

(b) Address Monett, Mo.

19. (a) 3-26-1942 (b) Mrs. Kearney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 300 Frisco St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1942 hour 7 minute 9 A.M.

21. I hereby certify that I attended the deceased from Feb 5 1941 to Mar 25 1942
that I last saw her alive on Mar 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Arterio Sclerosis

Due to _____

Other conditions 430
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 P R Ferguson (M. D. or other) _____

Address Monett Mo Date signed 3-20-42

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

0521

005
1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1015

RECEIVED

District Health Officer No. 6,

District File Number 442-501

Date Filed APR 11 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..... L. H. Blankenship
Licensed Embalmer No. 2397
P. O. Address Monett, 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.