

FILED **APP 22 1942**

Registration District No. 732

Primary Registration District No. 3006518

Registrar's No. 20

1. PLACE OF DEATH

(a) County Bonne
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 yrs. years, months or days

3. (a) PRINT FULL NAME MISS JESSIE M. LACHLAN

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 Aug 2- 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 19 If less than one day hr. min.

9. Birthplace 4 Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Alexander M. LACHLAN

13. Birthplace 4 Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Nelen Grant

15. Birthplace 4 Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. J. Jones

(b) Address 619 Rambo Pine Columbia

17. (a) Removal (b) Date thereof 3/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at Pleasant

18. (a) Signature of funeral director C. S. Duncan

(b) Address New Franklin Mo.

19. (a) 3-21-42 (b) Robert H. D. [unclear]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bonne 010
(c) City or town Columbia 4
(If outside city or town limit, write "RURAL")
(d) Street No. 301 West 2nd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1942 hour 8 AM. minute _____ M.

21. I hereby certify that I attended the deceased from March 21
1, 1942 to March 21, 1942

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis. auddan

Due to undetermined

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no operation.

Of autopsy no 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 Robert H. Simpson M.D. (M. D. or other)

Address Columbia Mo. Date signed 3/21/42

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

010
2
4

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 R. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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, above space should be left blank.