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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10684

Registration District No. 281

Primary Registration District No. 5400

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Washington
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Alice B. Lethco

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willis M. Lethco 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Aug. 5 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 27 hr. min.

9. Birthplace Lindon, Christian Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Isham Stubbs

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

14. Maiden name Alice Bell

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

16. (a) Informant Walter Hampton

(b) Address R Ava, Missouri

17. (a) Burial (b) Date thereof 3-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodhone

18. (a) Signature of funeral director Clinkingbeard Funeral I

(b) Address Ava, Missouri

19. (a) 3-5-42 (b) Helene S. Peters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1942 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from 2-29, 1942, to 3-2, 1942
that I last saw her alive on 3-2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to _____

Due to _____

Other conditions 108
(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? _____

(Specify type of place) (e) Means of injury _____

23. Signature J. Gerkey (M. D. or other) _____

Address _____ Date signed 3-4-42

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

MOTHER FATHER

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.B. Johnson

Licensed Embalmer No..... *3431*.....

P. O. Address.....

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.