

Registration District No. 579

Primary Registration District No. 5688

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

1. PLACE OF DEATH

(a) County McDonald  
(b) City or town Rural Anderson Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Anderson Mo Rt #1  
(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 60 days years, months or days

3. (a) PRINT FULL NAME

Larry Lett

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 5. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased July 16 - 1941  
(Month) (Day) (Year)

8. AGE: Years 0 Months 8 Days 4 If less than one day hr. ✓ min. \_\_\_\_\_

9. Birthplace McDonald Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Elyza Lett  
13. Birthplace \_\_\_\_\_  
14. Maiden name Gene Langhorne  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Elyza Lett

(b) Address Goodman Mo

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

(c) Place: burial or cremation Goodman Mo

18. (a) Signature of funeral director Charles Williams

(b) Address Goodman Mo

19. (a) 3-21-42 (b) Ar W Mitchell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County McDonald  
(c) City or town Goodman Mo  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20  
year 1942 hour 4 minute 58 M.

21. I hereby certify that I attended the deceased from Mar 3 1942 to Mar 20 1942  
that I last saw h. l. alive on Mar 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Branchial pneumonia  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature E D James (M. D. or other) MO  
Address Goodman Date signed 3/23/42

RECEIVED

District Health Officer No. 6,

District File Number 442-573

Date Filed APR 16 1942

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**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.....

Licensed Embalmer No.....

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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11258

Registration District No. 578

Primary Registration District No. 5688

Registrar's No. ....

1. PLACE OF DEATH: *Mc Donald Rural*

(a) County.....

(b) City or town.....  
(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)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....  
(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 *Larry Lett*

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex *m* 5. Color or race *w* 6. (a) Single, widow, married, divorced *2*

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

7. Birth date of deceased *July 16 1942*  
(Month) (Day) (Year)

8. AGE: Years *-* Months *8* Days *4* (If less than one day in min.)

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *mar* Day *20* Year *1942* hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19.....; that I have seen him....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....  
*Bronchial Pneumonia*

Due to.....  
*7. m. o*

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

Major findings:  
Of operations.....  
Of autopsy.....  
*107*

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 *C. S. James* (M. D. or other).....  
Address *Goodman MO* Date signed.....

Duration.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

11258