

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

46

FILED JUL 13 1942

Registration District No. 201

Primary Registration District No. 5280

Registrar's No.

1. PLACE OF DEATH:

(a) County Labette
(b) City or town Labette
(c) Name of hospital or institution Labette Rural Hosp.
(d) Length of stay: In hospital or institution 10 years
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Labette
(c) City or town Monett
(d) Street No. Labette
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1942 hour 3 minute 25 P. M.
21. I hereby certify that I attended the deceased from May 28, 1942 to June 19, 1942
that I last saw her alive on June 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death General Atherosclerosis Duration 1 Day

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

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN

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?.....
(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 Maltby (M. D. or other) M.D.
Address Liberty Mo Date signed 19-6-42

3. (a) PRINT FULL NAME Lorena C. Kelley
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive 18-1862 years (Day) (Year)

7. Birth date of deceased July 18-1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 5
If less than one day hr. min.

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

10. Usual occupation Home wife

11. Industry or business.....
12. Name James Moore
13. Birthplace Mo.
14. Maiden name Mary Work
15. Birthplace Mo.

16. (a) Informant's own signature Charles Q. Rogers
(b) Address Labette Mo
17. (a) Burial (b) Date thereof 6/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Presque Isle Mo

18. (a) Signature of funeral director Neter Cahill
(b) Address Labette Mo
19. (a) 6, 21-1942 (b) Neter Cahill
(Date received local registrar) (Registrar's signature)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 7-10-42

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.