V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22488

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 56

108
0
0

1. PLACE OF DEATH

(a) County Vernon
(b) City or town Rural - Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. # 32 Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 8 days (Specify whether
In this community Same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton 108
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lucy Maud Germain
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 Harrison Edwin Germain
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 15 (Day) 1886 (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	7	6	hr. min.

9. Birthplace West Union (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Alfred Smithley
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lilly Mallory
15. Birthplace Miami (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Hosp Read
(b) Address Nevada, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Seneca, Mo
18. (a) Signature of funeral director Hays Funeral Service
(b) Address Nevada, Mo
19. (a) June 22, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1942 hour 1 minute 15 P.M.
21. I hereby certify that I attended the deceased from May 13, 1942, to June 21, 1942
that I last saw her alive on June 21, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary occlusion	
Due to General Paresis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

30 b

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Wm. J. Cremer (M. D. or other)
Address Nevada Date signed 6/21/42

1231 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-42-709
Date Filed 7-13-43

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed H H Warmaduke

Licensed Embalmer No. 2070

P. O. Address Box 258 Nevada, 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.