

Registration District No. 133

FILED SEP 11 1942
Primary Registration District No. 5487

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Rural Jefferson Twp
(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 Mo

(b) County Harrison

(c) City or town Rural Jefferson
(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 Mary Olive Luellen

3. (b) If veteran, name war _____

3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1942 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 27 1942 to July 29 1942
that I last saw her alive on July 27 and that death occurred on the date and hour stated above.

4. Sex Female / race white

5. Color or white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband Oliver Luellen

6. (c) Age of husband or wife at death 78 years

7. Birth date of deceased: July 1 1868
(Month) (Day) (Year)

Immediate cause of death: FIBROID TUMOR OF UTERUS

Due to: PRESSURE ON HEART URINARY & DIGESTIVE ORGANS

Due to: _____

8. AGE: Years 74 Months 0 Days 28 hr. _____ min. _____

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

10. Usual occupation Housewife

Other conditions: HYPERTENSION
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Chas. Wesley Barksdale

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

14. Maiden name Orville

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

16. (a) Informant Evelyn Luellen

(b) Address Bethany Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 30 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Morris Chapel Amethy

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo

19. (a) Aug 20-42 (Date received local registrar)

(b) Zola M. Burris (Registrar's signature)

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? _____

Means of injury _____

23. Signature L. M. Probst D.O. (M. D. or other) _____

Address Bethany Mo Date signed July 31 1942

OFFICE OF THE
STATE EMBALMER
1000 W. BROADWAY
ANN ARBOR, MI 48106
734-769-1234

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.....

Joe E. Whuler

Licensed Embalmer No. 35121

P. O. Address Bethany 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.