

Registration District No. 170

Primary Registration District No. 5630

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon Mo R#4
(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 2 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Lebanon Mo R#4
(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 James R. Plew

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Aug 2 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 hr. min.

9. Birthplace Lebanon Mo R#4
(City, town, or county) (State & foreign country)

10. Usual occupation Infant

MOTHER FATHER
11. Industry or business _____
12. Name James O Plew
13. Birthplace Ponca City Okla
(City, town, or county) (State & foreign country)
14. Maiden name Ruby G. Decker
15. Birthplace Huntsville Okla
(City, town, or county) (State or foreign country)

16. (a) Informant James O Plew
(b) Address Lebanon, Mo. R#4

17. (a) burial (b) Date thereof Aug-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Thomas Chapel & N. Stewart

18. (a) Signature of funeral director Thomas Chapel & N. Stewart
(b) Address Lebanon Mo
19. (a) Sept-2-42 (b) Grace Ropu
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to subdural
or
thrombosis

Other conditions _____
(Include pregnancy within 3 months of death) 182-26

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 05-3
(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 Car
23. Signature M. Stanton
Address Lebanon Mo Date _____

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

53
0
0

RECEIVED

Lachet Co Health Dept.
Health Officer No. _____

File Number _____

Date Filed _____

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 _____

EM Stewart

Licensed Embalmer No. _____

1885

P. O. Address _____

Laborer Inc

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.