

FILED SEP 21 1942

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 192

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City Mo.

(c) Name of hospital or institution: St. Mary's

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days

(Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Lula E Mc See

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edwin 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 11 1868

(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name James Evans

13. Birthplace unknown 7 (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 8 (City, town, or county) (State or foreign country)

16. (a) Informant Edwin S. Mc See

(b) Address Jefferson City, Mo

17. (a) Buried (b) Date thereof 8-24-42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem

18. (a) Signature of funeral director W. H. Schaefer

(b) Address Jefferson City Mo.

19. (a) 8-23-1942 (b) Norma Viatta

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City

(If outside city or town limits, write "RURAL")

(d) Street No. 1924 Moreau Drive

(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1942 hour 9:00 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 18 1942 to Aug 22 1942

that I last saw her alive on Aug 22 1942 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis 48hrs

Due Arteriosclerotic heart

Due to disease

Other condition Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy 61

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) _____

(e) Means of injury _____

23. Signature J. A. Osmin (M. D. or other) MD

Address Jefferson City Date signed 8-23-42

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address J.C. 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.