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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 8 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30736

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 32

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Elsberry Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lincoln 57
(c) City or town Elsberry 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lilly May Barton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 19 (Month) (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
77	4	27	hr. min.

9. Birthplace New Hope (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House Keeping
11. Industry or business
FATHER
12. Name John Campbell
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name Mary A O'Reilly
15. Birthplace (City, town, or county) Penn. 1 (State or foreign country)
16. (a) Informant Mrs Claude Cannon
(b) Address Elsberry Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 19 -42 (Month) (Day) (Year)
(c) Place: burial or cremation Elsberry
18. (a) Signature of funeral director W D Bradley
(b) Address Elsberry, Mo
19. (a) Oct 6, 1942 (Date received local registrar) (b) G C Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 42 hour 08 minute 30 P. M.
21. I hereby certify that I attended the deceased from April 12-42, 19, to July 16th 42, 19;
that I last saw her alive on 7-16-42, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Congestion	2 days
Due to Cardio-Nephritis	1 year
Due to Nephritis	3 y
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13 a	
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
(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 J. J. Keelin (M. D. or other)
Address Elsberry, Mo. Date signed 7-18-42

1175

(Licensed Embalmer's Statement on Reverse Side)

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 W D Bradley

Licensed Embalmer No. 3966

P. O. Address El Cerrito 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.