

No. 2
9-4-41
5-17-39
I. X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33127

State File No.

FILED NOV 11 1942 7

Registration District No.

Primary Registration District No. 3005

Registrar's No. 63

1. PLACE OF DEATH: *Bates*

(a) County *Bates*

(b) City or town *Butler*
(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 *4 Months* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Bates*

(c) City or town *Adrian*
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? *No* (Yes or No)
If yes, name country *0*

3. (a) PRINT FULL NAME *ROSIE LEE LANKFORD*

3. (b) If veteran, name war *✓*

3. (c) Social Security No. *—*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct* day *24*
year *1942* hour *11* minute *30 A.M.*

21. I hereby certify that I attended the deceased from *May 10th* to *Oct 24th*
that I last saw *her* alive on *Oct 24* 19*42*
and that death occurred on the date and hour stated above.

4. Sex *F* 5. Color or race *W*

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

6. (b) Name of husband or wife *Franklin Beane*

6. (c) Age of husband or wife if alive *85* years

7. Birth date of deceased: *Nov 24 1862*
(Month) (Day) (Year)

Immediate cause of death *recurrent*

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) *H6d*

8. AGE: Years *79* Months *11* Days *0*
If less than one day hr. _____ min. _____

9. Birthplace *Tenn*
(City, town, or county) (State or foreign country)

10. Usual occupation *Housewife*

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name *David Lyons*

13. Birthplace *not known* 9
(City, town, or county) (State or foreign country)

14. Maiden name *Looney* 9

15. Birthplace *not known* 9
(City, town, or county) (State or foreign country)

16. (a) Informant *D. L. Lankford*

(b) Address *Adrian Mo.*

17. (a) *Burial* (b) Date thereof *10-26-42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Leasant Hill Tenn*

18. (a) Signature of funeral director *Leath & Son*

(b) Address *Adrian Mo.*

19. (a) *Oct. 26, 1942* (b) *Mrs. Marvia Crumpton*
(Date received local registrar) (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? _____

While at work? _____ (Specify type of place)

(e) Means of injury *0*

23. Signature *D. DeLue* (M. D. or other) *med*
Address *Butler, Mo* Date signed *10/26/42*

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

RECEIVED

District Health Officer No. 7;

District File Number 11-42-1215

Date Filed 11-9-42

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 and

Fred J. Greath # 3343

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3650

P. O. Address Adrian 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.