

FILED NOV 6 1942

Registration District No. 1779

Primary Registration District No. 5668

Registrar's No. \_\_\_\_\_

57  
0  
0

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

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural Clark

(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 number)

In this community In this community years, months or days 6 1/2 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Rural

(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 LENA JUSTUS

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 20, 1942, to Oct. 27, 1942, and that I last saw her alive on Oct. 26, 1942, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 27 1855

(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Duration \_\_\_\_\_

8. AGE: Years 89 Months 5 Days 0

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions elbowe

(Includes pregnancy within 3 months of death)

Major findings: 93d

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace Jefferson County Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Singing

12. Name Singing

13. Birthplace France

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_

(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Justus

(b) Address Maple Mills Mo

17. (a) Burial (b) Date thereof Oct 29 1942

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

(c) Place: burial or cremation Anderson Hill

18. (a) Signature of funeral director Wayne M S Coy

(b) Address Frank Mo

19. (a) Nov. 3-42 (b) Mrs. Fay Jackson

(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 \_\_\_\_\_

23. Signature Dr. J. J. Allevato (M. D. or other) W. J. Winfield, Mo

Address \_\_\_\_\_ Date signed 10/28/42

**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.....

*Wayne McCoy*

Licensed Embalmer No. *3586*

P. O. Address *Troy 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.**