

FILED JAN - 8 1942
Registration District No. 3008

Primary Registration District No. 3008

Registrar's No. 378

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Callaway
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Nursing 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-6 + 20 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lydia June

3. (b) If veteran, name war D.K.

3. (c) Social Security No. DK

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife OTK 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan 13 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>11</u>	<u>20</u>	_____hr. _____min.

9. Birthplace Miller MO
(City, town, or county) (State or foreign country)

10. Usual occupation OTK

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name Walt

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

16. (a) Informant record

(b) Address _____

17. (a) Burial (b) Date thereof 12-10-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital grounds

18. (a) Signature of funeral director L. E. Thomas

(b) Address 302 Market St. Fulton, Mo

19. (a) Dec 10 - 42 (b) Josie Morosichoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Callaway/4

(c) City or town Fulton
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd
year 1942 hour _____ minute 2 a M.

21. I hereby certify that I attended the deceased from 11-23 to 12-1, 1942
that I last saw her alive on 12-1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: chronic myocarditis

Due to _____

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature L. E. Thomas (M. D. or other) (D)
Address Fulton MO Date signed 12-2-42

1147

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.....

Licensed Embalmer No.....

P. O. Address.....

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.