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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

40636

State File No.

Registration District No. 99 Primary Registration District No. 4172 Registrar's No. 71

**1. PLACE OF DEATH:**

(a) County Dekalb

(b) City or town Stewartsville 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 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Dekalb 32 0

(c) City or town Stewartsville 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Lizzie L. Watson.

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

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

7. Birth date of deceased Apr (Month) 26 (Day) 1867 (Year)

8. AGE: Years 77 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Clinton County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housekeeping

11. Industry or business

FATHER
12. Name Clay Berryman
13. Birthplace Clay County (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Belle Everett
15. Birthplace Clinton County (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs. N. E. Pickett
(b) Address Stewartsville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Stewartsville Cemetery

18. (a) Signature of funeral director F. G. Lyon
(b) Address Stewartsville Mo.

19. (a) Dec 26 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 24
year 1942 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from Aug 6, 1942, to Dec - 24, 1942
that I last saw her alive on Dec - 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma liver

Due to

Due to

Other conditions
(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R. S. Gale (M. D. or other)

Address Oslo N. Mo Date signed 12/28-42

1248

(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 F. G. Lyons

Licensed Embalmer No. 952

P. O. Address Stewartsville 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.**