

FILED JAN - 6 1942

Registration District No. **299**

Primary Registration District No. **5791**

Registrar's No. **2**

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

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Russellville Rural, Co. Mo.
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: _____
(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 Missouri, (b) County Moniteau

(c) City or town Russellville Rural
(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 _____

3. (a) PRINT FULL NAME William Raymond Lomas

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1942 hour 1 minute 0 P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 7

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: April 29 - 1911
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 12 1942 to Dec. 14 1942 that I last saw him alive on Dec. 14 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 31 Months 7 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace: Russellville Mo
(City, town, or county) (State or foreign country)

Immediate cause of death Influenza

Duration 6 days

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name W. H. Lomas

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

14. Maiden name Etta Crawford

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

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

16. (a) Informant W. H. Lomas

(b) Address Russellville Mo.

17. (a) Burial (b) Date thereof Dec 16 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Empire Cem

18. (a) Signature of funeral director W. H. Lomas

(b) Address Russellville Mo.

19. (a) Dec. 16 - 1942 (b) Wm. E. W. Plummer
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

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? _____

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

23. Signature Walter L. Leslie (M. D. or other) _____

Address Russellville Mo Date signed 12-15-42

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

G. M. Stephens

Licensed Embalmer No.

2307

P. O. Address

Russellville

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.