

Registration District No. 274

Primary Registration District No. 4407

Registrar's No. 419

1. PLACE OF DEATH:

- (a) County Pettis
(b) City or town La Monte 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. 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME EMMA W. O'BANION

3. (b) If veteran, name war. 1 3. (c) Social Security No. 1

4. Sex F. 1 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife. 1 6. (c) Age of husband or wife if alive years 1859

7. Birth date of deceased Aug = 3 (Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Johnson Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Thomas S. Foster
13. Birthplace Ray (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth A. Carroll
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. F. Carver
(b) Address La Monte Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-25-1942 (Month) (Day) (Year)

- (c) Place: burial or cremation La Monte Mo

18. (a) Signature of funeral director B. F. Carver
(b) Address La Monte Mo

19. (a) 12-29-42 (Date received local registrar) (b) Mrs Anna Burger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Pettis
(c) City or town La Monte Mo (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year 1942 hour 4 minute 40 M.

21. I hereby certify that I attended the deceased from July 1 1941 to Dec 23 1942
that I last saw him alive on Dec 23 1942
and that death occurred on the date and hour stated above.

- Immediate cause of death Hemorrhage Stomach Duration 2 days
Carcinoma Stomach

- Due to 16 f
Due to 16 f
Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations 16 f
Of autopsy 16 f

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) 16 f
(b) Date of occurrence 16 f
(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 16 f

23. Signature HE Walker (M. D. or other) M.D.
Address La Monte Mo Date signed 12-25-42

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-7-43.....

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.....

B. J. Carver

Licensed Embalmer No. ~~15984~~ *15984*

P. O. Address *La Monte, 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.