

FILED JAN 15 1943

Registration District No. 278

Primary Registration District No. 4413

Registrar's No.

1. PLACE OF DEATH:

(a) County PIKE
(b) City or town FRANKFORD
(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 LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE 82
(c) City or town FRANKFORD
(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 SALLIE BELL LUCAS HOLLOWAY

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

4. Sex FEMALE race WHITE
5. Color or race
6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife GEO RICHARD HOLLOWAY
6. (c) Age of husband or wife if alive years

7. Birth date of deceased JULY 10 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days
If less than one day hr. min.

9. Birthplace PIKE CO MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name SAMUEL PARKER LUCAS

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

14. Maiden name MARGARET ANN SUMMERS

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

16. (a) Informant George Lucas

(b) Address Frankford, Mo.

17. (a) BURIAL (b) Date thereof DEC 11 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford, Mo.

18. (a) Signature of funeral director
(b) Address Frankford, Mo.

19. (a) Jan 3 /43 (b) Mrs R.C. Holman
(Date received local registrar) (Registrar's signature)

1109

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 10
year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 4 1942 to Dec 10 1942
that I last saw her alive on Dec 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis pneumonia Duration

Due to 107

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 O.M. [Signature] (M. D. or other)

Address Frankford, Mo. Date signed 12/18/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 1-43-108

Date Filed Jan 13 1943

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

Joel Fiddess Megowan

Licensed Embalmer No. 4092

P. O. Address Fruitford, 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.