DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3721

State File No.

Registration District No. 344 Primary Registration District No. 6126 Registrar's No.

1. PLACE OF DEATH:
(a) County Stone
(b) City or town Radical Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None / Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community about 10 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Stone
(c) City or town Radical Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. East James Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lewis D. March

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex m

5. Color or race wh

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

6. (b) Name of ~~husband or~~ wife Nettie March

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July (Month) 18 (Day) 1876 (Year)

8. AGE: Years 66 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Fort Scott (City, town, or county) Kan (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Eli John March
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Elizabeth Hayse
15. Birthplace Cass Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nettie March
(b) Address R Radical, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4-42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Denison Texas

18. (a) Signature of funeral director Everett J. Cheatham
(b) Address Galena, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1 year 1942 hour 10:00 minute A.M.

21. I hereby certify that I attended the deceased from July 1942, 19..., to September, 19 45, that I last saw him alive on September, 19 45, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy or Coronary Occlusion	
Due to Arteriosclerosis Heart Disease	4 yrs.
Due to Hypertensive	
Other conditions (Include pregnancy within 3 months of death)	
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) (e) Means of injury

23. Signature A. P. Coffelt M.D. (M. D. or other)
Address Lamar Mo. Date signed 11-3-42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 234-156
Date Filed FEB 6 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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, 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, above space should be left blank.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3721

Registration District No. 3444 Primary Registration District No. 6156 Registrar's No.

1. PLACE OF DEATH:

(a) County: Stone

(b) City or town: Rural
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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: Lennie D. March

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

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

7. Birth date of deceased: July (Month) 18 (Day) 1876 (Year)

8. AGE: Years 66 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Jan 8: 43 (Date received local registrar) (b) Chester D Scott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY