

53
1
2

FILED MAR 29 1943

Registration District No. _____

Primary Registration District No. **3033**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wallace Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME INFANT OF VINCIE ADAMS

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 infant

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

7. Birth date of deceased March 10 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Vincie O Adams

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

14. Maiden name Eula Marie Lewis

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

16. (a) Informant Vincie O Adams

(b) Address Lebanon Mo Brownell Rt

17. (a) Burial (b) Date thereof March 12 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Roads Cemetery

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo

19. (a) 3-15-43 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1943 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from 3-10-43
to 3-11 1943
that I last saw h. W. alive on 3-11-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Debility Duration _____

Due to _____

Due to _____

Other conditions 158
(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)
Means of injury _____

23. Signature R E Howell (M. D. or other) _____

Address Lebanon Mo Date signed 3-13-43

Received 170

Laclede County Health Unit

File No. 8-43-89

Date Filed 8-24-83

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.....

No Embalming, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address..... *Lebanon 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.