

FILED MAR 23 1943 383

Registration District No. 383

Primary Registration District No. 5653

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 196 days (Specify whether
In this community 196 days - (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Green
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 304 West Pine
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ellen Levan

3. (b) If veteran, name war No

3. (c) Social Security No. 497-12-6916

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Elmer Levan

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Nov 26 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 3 7 hr. min.

9. Birthplace Mt Comb Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
MOTHER FATHER { 12. Name John Henry Hitchcock
13. Birthplace Brush Knob Mo
(City, town, or county) (State or foreign country)
14. Maiden name Emma Hanbans
15. Birthplace Brush Knob Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Eme Michael Beard
(b) Address Mo State San, Mt Vernon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-43
(Month) (Day) (Year)

(c) Place: burial or cremation Ciraner

18. (a) Signature of funeral director Clinkin Lead Funeral Ho
(b) Address iva, Missouri

19. (a) 3-12-43 (Date received local registrar) (b) Ludy [Signature]
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1943 hour 6:15 minute 10 P. M.

21. I hereby certify that I attended the deceased from August 22^d 1942 to March 5th 1943
that I last saw her alive on March 5th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cul Tuberculosis
Duration abt 1 yr

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

Major findings: Of operations _____
Of autopsy _____
13 P1

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 Charles A. Brasher M.D.
Address Mt Vernon, Mo Date signed 3-5-43

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

AUG 10 1957

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..... *H.B. Hutchison*

Licensed Embalmer No. *3431*

P. O. Address..... *Ara Md*

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.