

FILED MAR 16 1943

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada Mo  
(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

In this community 1 year 6 months (Specify whether years, months or days)

3. (a) FULL NAME Miss Elizabeth Lash

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

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

6. (b) Name of husband or wife Earl H Lash 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Dec - 31 - 1912 (Month) (Day) (Year)

8. AGE: Years 30 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Prestonsburg, KY (City, town, or county) (State or foreign country)

10. Usual occupation Handicrafter

11. Industry or business

12. Name Thomas Adkins

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

14. Maiden name Bessie Dillon

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

16. (a) Informant Earl H. Lash

(b) Address Nevada Mo 625 E Maple St

17. (a) Burial (b) Date thereof 3-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation Freeman, Mo

18. (a) Signature of funeral director Ferny Funeral Home

(b) Address Nevada, Mo

19. (a) 3-1-43 (b) Rozel B. Bewick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Nevada

(d) Street No. 625 E Maple St (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1943 hour 6:30 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Feb 26 1943 that I last saw her alive on Feb 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Don't know

Other conditions acute chest cold (Include pregnancy within 3 months of death)

Major findings: Of operations 93e 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 W. R. Love (M.D. or other)

Address Nevada, Mo Date signed 2/26/43

Duration Don't know

3 days

PHYSICIAN Underline the cause to which death should be charged statistically.

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

100  
1  
2

1331

RECEIVED

County Health Officer No. 71

Certificate Number 2-43-45

Date Filed 3-5-43

**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. ~~1760~~  
working under my personal supervision.

Signed L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address \_\_\_\_\_

**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.**