S. No. 2
M—9-4-41
5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 30 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13579

Registration District No. 11 Primary Registration District No. 4025 Registrar's No. 18

500

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

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Wheaton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community All of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Wheaton,
(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 Lettie Mae McQueen
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Silas McQueen
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 21 (Day) 1877 (Year)
8. AGE: Years 65 Months 4 Days 28 If less than one day hr. min.
9. Birthplace Wheaton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Jacob Lambert
13. Birthplace D. K. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Susan Dressley
15. Birthplace D. K. (City, town, or county) (State or foreign country)
16. (a) Informant Silas McQueen
(b) Address Wheaton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20 42 (Month) (Day) (Year)
(c) Place: burial or cremation Muncey Cemetery
18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri
19. (a) Mar 20-1943 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th year 1942 hour 2:10 minute A. M.
21. I hereby certify that I attended the deceased from Dec. 1st, 1942, to, 19; that I last saw her alive on Dec. 19th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	1 wk.
Due to Chronic Glomerulo nephritis	unk.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Brown Newman (M. D. or other)
Address Cassville, Mo Date signed 3-16-43

1077

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 443-497
Date Filed APR 29 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 L. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville Missou

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.