

FILED MAY 5 1943
Registration District No. 204

Primary Registration District No. 5

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Rural Pettis 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
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Rural
(d) Street No. North 4000th St of Elmer Mo
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hattie Lormis

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, Widowed

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

7. Birth date of deceased May 7 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Watson Griswold

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

14. Maiden name Mamie Hammett

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

16. (a) Informant Ed Lormis

(b) Address La Crosse Mo,

17. (a) Burial (b) Date thereof April 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Plata Mo

18. (a) Signature of funeral director M. M. Callahan

(b) Address South Gifford Mo

19. (a) April 11-43 (b) Hiram Louch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1943 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 9 1943 to April 9 1943
that I last saw her alive on April 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver Duration _____

Due to Cancer of intestines, kidneys

Due to H68

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

Major findings: Of operations _____

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 J. J. [unclear] (M. D. or other) _____

Address La Plata Mo Date signed 4/23/43

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

MAY 10 1948

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 .....

Licensed Embalmer No. 2052.....

P. O. Address. South Gifford 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. [redacted]

Registration District No. 204

Primary Registration District No. 5739

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon Richland

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 59 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. north of Elmer, Mo.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hattie Lornis

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 7 Year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____; _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

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

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

7. Birth date of deceased: May 7 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days _____ Of less than one day _____ min.

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

10. Usual occupation _____

11. Industry of 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) _____ (Date received local registrar) (b) Hattie Lornis (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____ Address _____ Date signed _____

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

SUPPLEMENTARY

S-14824